

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

November 6 1982

Pilot oxygen
scheme 'in
the balance'

Fine reduced
after appeal
by parallel
importer

Warning on
poor quality
herbal products

Pharmacists
struck off

Pharmacy
management
conference

Coughs and
colds
SPECIAL FEATURE

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the first choice of doctors

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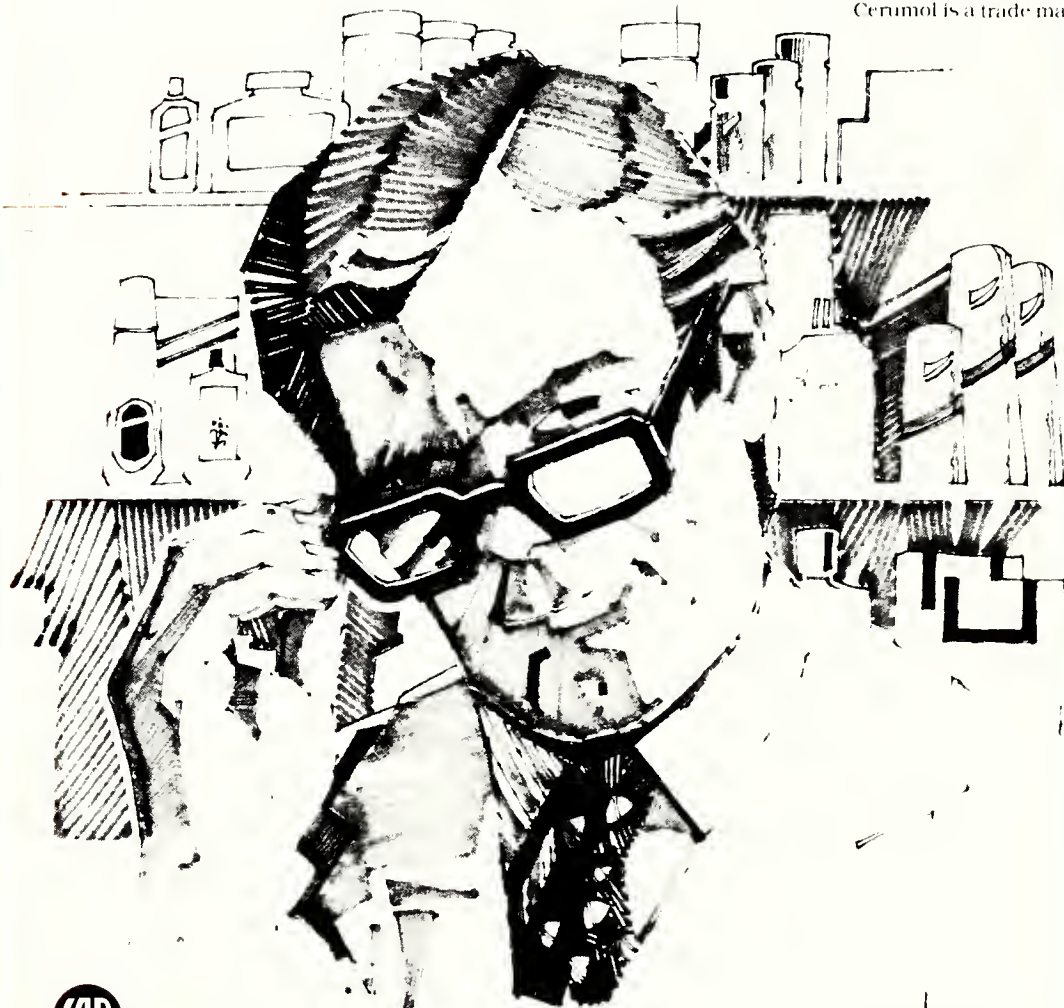
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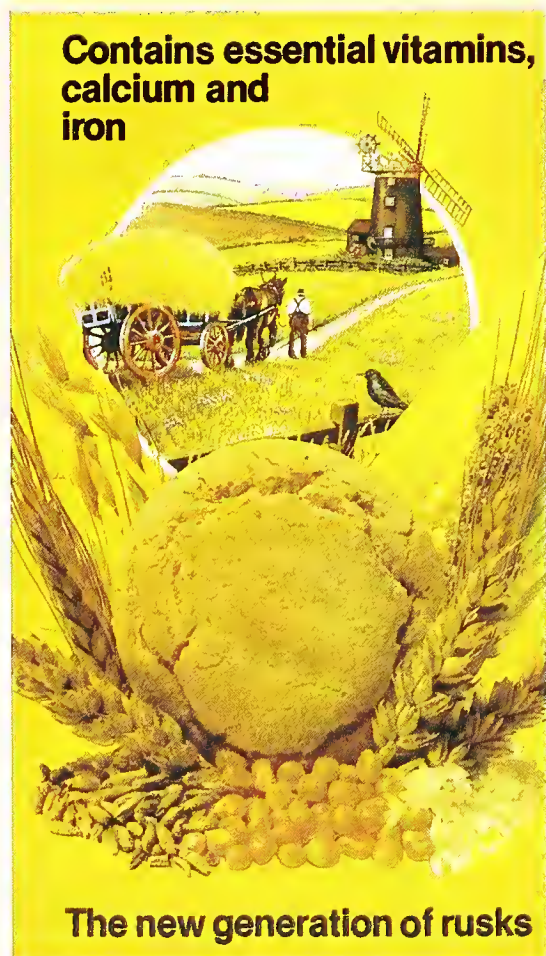
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Contains 12 rusks

NEW
low sugar rusk

milupa®
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Breakfast
Rusk**

Contains essential vitamins,
calcium and
iron



The new generation of rusks

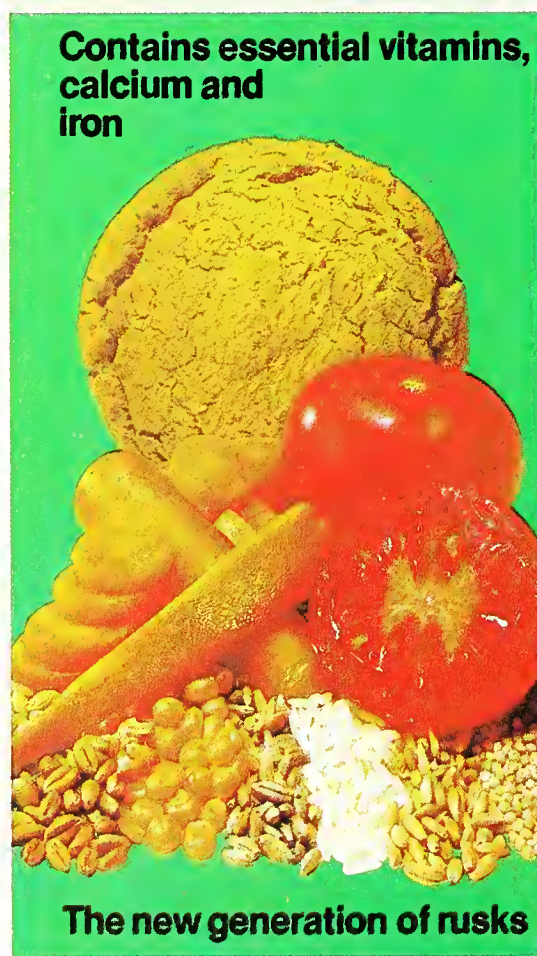
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An ideal low sugar breakfast.

Contains 12 rusks

NEW
savoury rusk

milupa®
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Savoury
Rusk**

Contains essential vitamins,
calcium and
iron



The new generation of rusks

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tomato baked with 7 different cereals
make the first savoury rusk.
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Contains 12 rusks

NEW
low sugar rusk

milupa®
**7 Cereal
Fruit
Rusk**

Contains essential vitamins,
calcium and
iron



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and rosehip, have been added to the
7 different cereals.
A natural low-sugar fruit rusk.

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

November 6, 1982

Volume 218 No 5344
124th year of publication
ISSN 0009-3033

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Published Saturdays
by Benn Publications Ltd
Sovereign Way, Tonbridge,
Kent TN9 1RW
Telephone: 0732-364422
Telex 95132

Subscription:
Home £42 per annum
Overseas & Eire £52 per annum
including postage
85p per copy (postage extra)



Member of the Audit
Bureau of Circulations

Regional advertisement offices:
Midlands: 240-244 Stratford Road,
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COMMENT

Opportunities

Two conferences last week opened up questions for the profession which demand both discussion and answers. Unfortunately, a tight timetable at the Institute of Pharmacy Management International's conference in Malta (p863) left little opportunity for debate of the issues raised by the Winpharm study which showed, as reported in detail in *C&D* last week, that assistants make the majority of recommendations when members of the public seek advice on medicines from the pharmacy. But there could surely have been little dissention from Bernard Hardisty's view that by not showing themselves at the counter, pharmacists are missing both professional and commercial opportunities.

However, other papers did add to the topic by suggesting that there may be defects in both the education of the profession, and in the personalities of those who are attracted to its practice, that make the dispensary a refuge rather than a base.

But once out on the counter, what to recommend? This week's coughs and colds feature (p837) provides a platform for manufacturers to advance their various marketing strategies, particularly in the context of advertised brand versus ethical versus pharmacist-recommended. And both the IPMI conference, and one on "Green pharmacy" (p830), advanced the merits of the "natural" remedies and "health foods". Here the pharmacist faces a professional dilemma.

Much of the green pharmacy symposium was concerned with product quality and the need for scientific proof of efficacy. A number of eminent pharmacists have involved themselves in these aspects — they believe in the products but can see no reason why their safety and value in disease treatment should not be put to the test. Others rely simply on faith and undoubtedly a convinced practitioner will convey a powerful placebo effect to a receptive

patient. This is a "marketing strategy" that also suits many in the health foods industry — and some handsome profits are to be made by creating a "medicinal" demand without the expensive criteria of the Medicines Act to worry about.

Here we take issue with a point made at the IPMI conference by Mr M. Hanssen, president of the Health Food Manufacturers Association, when he said that "claims for 'medicinal properties' are made by the media and not by the manufacturers." Strictly speaking, he is right. But the media do not "invent" medicinal uses for "foods" — they are usually pointed in the right direction by the industry and its supporters.

Last week's "Tomorrow's World" TV programme, in exposing as false the scientific basis for a slimming claim for spirulina (p828), accepted that manufacturers made no claims — but said leaflets which *do* are found at the point of sale. Who pays for such leaflets? Who inspires them? Mr Hanssen is a consultant to the industry, yet in his IPMI paper he says of spirulina "... if 3 or 4g are taken half an hour before a meal many people have found that they are satisfied with far less food." This surely is capable of scientific proof without resorting to the spurious association with a scientific paper which, according to "Tomorrow's World", has nothing to do with the products on sale.

Mr Hanssen's Association advises against slimming claims (they cannot be made in advertising anyway), but it is such pseudo-scientific mumbo-jumbo that puts the pharmacist in his dilemma. If he is "missing out" in this market it is because he refuses to back claims for which he has no evidence, or to send patients with treatable conditions away with perhaps no more than a hope and a prayer. If this attitude is deemed wrong by the manufacturers, then they are saying that pharmaceutical education is indeed a waste of time. But if they set about selling their products on the basis of objective fact, then they will find the pharmacist a willing member of their sales teams.

Oxygen scheme is 'in the balance'

British Oxygen Co's future policy as to the most effective method of supplying pharmacies with domiciliary oxygen is in the balance pending the full results of a trial currently being conducted.

The trial, involving BOC's Brentford depot and about 1,400 pharmacies (*C&D*, March 27, p524), had meant a temporary relaxation in the company's "full for empty" service. The aim is to increase the two-way flow of cylinders by removing any concern chemists may have about returning empty cylinders to BOC. Since June 1, pharmacists placing orders for domiciliary oxygen have been able to specify the number of full cylinders required, without being constrained by the number of empty cylinders they have available.

Initially the trial period was for three months, until the end of August. BOC has, however, agreed to extend the trial until mid-November to enable chemists to reverse the earlier outflow by the return of

surplus empty cylinders. Having persuaded BOC to extend the trial, the Pharmaceutical Services Negotiating Committee has written to all contractors in the area urging them to return empty cylinders.

Whether BOC decides to adopt the experimental "on demand" scheme on a national basis, or revert to its previous policy of "full for empty," largely depends on the ultimate success or failure of the Brentford trial — and the co-operation of pharmacists served by that depot, the company says.

"We have not got the co-operation we would have wished to have had," said a PSNC spokesman. After the initial outflow of cylinders, an inflow was expected of empty cylinders to redress the balance, but this has not happened. PSNC is urging contractors in the Brentford area to return all cylinders excess to requirements, and to contact the Committee should problems arise.

Spirulina research claim criticised

Eat 272 of these capsules half an hour before a meal and you may not feel so hungry. That is the message for budding weight watchers if they wish to use spirulina to control their appetite, according to a "Tomorrow's World" report on BBC television last week.

Spirulina, a type of algae said to be rich in protein, also contains small amounts of phenylalanine. Leaflets available in shops selling the capsules quote results of work done by four Australian workers who have no connection with spirulina manufacturers. However, the programme said the clinical

experiments referred to were carried out with a mixture of four amino acids, one of which was phenylalanine. The experiments showed some appetite suppressant effect when the combination was taken half an hour before a meal, but to provide the same quantity of phenylalanine as used by the Australian workers would require 272 capsules to be taken. Even if this were achieved it was stated that the appetite suppressant effect is very short lived.

An American distributor was recently fined for claiming spirulina was an appetite suppressant. "So perhaps this algae is better exploited as a much needed protein source for the Third World and not as a slimming aid for the privileged overweight," the programme concluded.

Prescribing data?

Mr Kenneth Clarke, Health Minister, said in the Commons that the Department of Health is consulting interested parties about a recommendation that it should sell analyses of prescribing.

He stressed that it had been made clear that to preserve confidentiality only aggregated data would be provided and no information would be made available about prescribing by individual doctors or for individual patients.



Successful appeal by Maltown

Mr Malcolm Town, director of Maltown Ltd, Harrogate, has successfully appealed at Norwich Crown Court against some of the fines imposed on him recently for licensing offences. Fines imposed on his company were upheld (*C&D*, July 10, p60).

Mr Town, who claimed that drugs were greatly overpriced in the UK, had imported them through Leeds/Bradford airport. Judge Frederick Beezley told him that the public was entitled to expect the most stringent control system possible over the manufacture and distribution of medicines. It was not part of the court's duty to speculate about profits on drugs or the prices paid for them by the NHS.

Mr David Jeremiah, for the Department of Health, said that Mr Town maintained he was doing good by importing the medicines cheaply. The drugs were Daonil, Septrin and Zyloric and had been supplied to pharmacists in Norwich, the Potteries and Harrogate. Mr Jeremiah said an important part of the Department's view was that the medicines had been imported from places where there was no control over transit and storage, nor did they think Mr Town and his company could exercise effective quality control.

Mr Charles Gratwick, for Mr Town, said he had not been aware of the need for a product licence. He thought all he needed was a product licence number on the pack. Maltown Ltd was only a small company with two directors and seven employees. They were not making vast profits and in April were showing a loss of over £26,000.

The company's appeal was dismissed and the fines of £700 on each of six cases of selling without a product licence and £30 for importing the goods without a licence were confirmed. The company was ordered to pay the respondent's costs of up to £250. Mr Town had his fines of £700 imposed by Norwich magistrates for each of three offences of selling or supplying medicines without a product licence, reduced to £30 in each case. His appeal against a fine of £30 for importing without a licence was dismissed and the magistrates order for £500 costs against him was upheld.

Winner of the Irish regional final of the 1982 Numark national golf tournament for the Rennie trophy held at Knock was Mr John McConnell pictured being congratulated by Mr Danny Carroll, Nicholas Laboratories general manager

College sets dates for examinations

The 1983 part 1 examination of the College of Pharmacy Practice will be held on October 18 at 2pm, and October 19 at 10am, and will comprise two written papers of three hours each. The examinations will be held at the Society headquarters at Lambeth, in Edinburgh at the Society's Scottish department in York Place, and at a Midlands venue yet to be decided.

At a meeting of the Board of management on October 19 the draft syllabus for the 1983 part 2 exam was discussed. The syllabus will be published shortly and mock papers with answers will be available in February 1983.

As the part 2 written exam relates to the aspect of pharmacy practice chosen by the candidate it was decided that holders of the Pharmaceutical Society's diploma in agricultural and veterinary pharmacy would be exempt the written paper for that aspect of practice. On request to the board, consideration would be given to other postgraduate qualifications on merit and in relation to the appropriate section of the syllabus. An exemption would be for the whole of the Part 2 written paper, or not at all. The fee for the Part 2 exam is £95, and written and oral examinations will be held at Lambeth on October 19, 1983. The board gave consideration to holding examinations overseas, but came to no conclusions.

The College is to form a research committee, the members of which will represent expertise in research techniques and the different aspects of practice. Several inquiries have been received about the 1983 Geistlich Chester and Vestric awards, and discussions were proceeding on the possibility of College collaboration in a project being carried out by the Cambridge MRC Applied Psychology Unit into the use of compliance aids, the board was told. A donation by Sandoz Products Ltd was acknowledged and a proposal for a pilot Sandoz Research Award welcomed.

Approval was given to a proposed video presentation to promote the College to community pharmacists, sponsored by Winpharm. The board also approved the idea of counsellors, comprising pharmacists attached to the academic staff of the pharmacy schools, who would be able to advise on the College examinations.

The annual continuing education requirement was reviewed and although there was a move to increase the requirement to 15 hours of study, the matter will now be discussed at the meeting of associates to be held at Lambeth on January 30. Ten nominations had been received for the four places on the board open to associates, and 180 pharmacists had become student members. Information on the College is to be sent to preregistration students and graduates.

1982 CHEMIST ASSISTANT OF THE YEAR COMPETITION



With less than three weeks to go...

Angela Drury will be one of the 16 contestants at the Grand Final of the C&D Chemist Assistant of the Year competition. Angela, who works at Whitworth Chemist, Cleethorpes took first place in the York regional final. Second place went to Debrorah Taylor of Selles Dispensing Chemists, Askern, Doncaster and Joyce Hinchcliffre of T.P. Wheeler (Royston) Ltd, Royston, Barnsley came third. This regional heat was organised by Bleasdales Ltd.

The winner at Plymouth was Betty Alford of C.E. Underhill & Sons Ltd,

Saltash with Margaret Morgan of Geo Rigg Chemist, Taunton, and Bridgett Puddicombe of Cherrybrook Pharmacy, Paignton taking second and third places respectively. Macarthy's were the organisers of this regional heat.

At Chester, Margaret Hamilton of J.D. Hollins, 66 Old Chester Street, Great Sutton, South Wirral took first place. Janet Griffiths and Margaret Tinsley both from E. Margerrison & Co, Donnington, Telford took second and third places. Organisers of this regional heat were L. Rowland & Co.

In descending order the photos show the contestants of the York, Plymouth and Chester regional finals. Each contestant received an Aynsley China Bowl of Flowers as a gift from Tampax



Symposium warned of poor quality herbal remedies

A warning to pharmacists to be on their guard against poor quality herbal products was given during a symposium on "green pharmacy" at the Pharmaceutical Society's headquarters last week.

Two speakers — Dr W. E. Court, reader in pharmacognosy, Bradford University school of studies in pharmacy, and Mr T. Whittaker, chief chemist, Potters (Herbal Supplies) Ltd — referred to the work of Corrigan and Connolly who analysed 38 ginseng preparations on sale in Dublin and found a variety of contaminated products, mixed species, variable disintegration times for tablets, underweight products and inadequate or dishonest labelling.

'Cowboy' medicines

Mr Whittaker also described how some manufacturers who were unable to obtain product licences were resorting to "cowboy" products which masqueraded as medicines. No medicinal claims were written on the labels but medicinal uses were suggested by clever drawings and product names. Such products could easily be identified because there was no product licence number and, because they were controlled by food legislation, the list of ingredients included the excipients. Unless the manufacturer chose to be meticulous there was no control over the quality of the ingredients or finished products.

"You should be very wary from whom you buy if you touch this type of product," he warned. Potters thoroughly examined every batch of herbs used in their remedies to make sure it was the authentic material of satisfactory quality.

Giving advice on merchandising, Mr Whittaker said herbal remedies should be sold from a proper herbal / homoeopathic / health foods section and pharmacies should concentrate particularly on the nervous tension and tension headache market — providing products carried the required warnings about seeking medical advice where necessary — together with preparations for catarrh, indigestion and haemorrhoids.

"Always advise the customer that there will be no dramatic results overnight; one to two months treatment are required as herbs work slowly," he said. "There should be no abrupt changeover from allopathic remedies to herbs, but a gradual transfer."

More money for research

Dr Court was among those speakers at the symposium who believed much more money should be spent on research into herbal remedies to establish their safety and efficacy. Clinical trials were essential because the only way to kill scepticism

about these products was to prove scientifically that they worked.

A familiar argument was that these treatments must be safe because they had been used since the dawn of civilisation, but again there was no satisfactory scientific evidence. Long term toxicity studies, particularly on carcinogenicity and teratogenicity, might reveal new and unexpected problems.

Careful quality control was needed, Dr Court continued, and efforts should be directed towards establishing quality standards. There was also an urgent need to produce up-to-date scientific monographs and to set up a central reference collection of herbal materials.

Users required more and better advice and retail outlets should be more closely supervised or restricted. He supported the view that pharmacists were the only science-based health professionals in a position to advise, to monitor the effectiveness of treatment and to look for untoward toxicities. This did, however, place a duty on the profession to reconsider its education programme because involvement in herbal remedies required special skills.

Pharmacognosy neglected

Barbara Griggs, journalist and author of "The Home Herbal", published last week (*C&D*, last week), said many people would like to know they could walk into any pharmacy and obtain well-informed advice on herbal medicines; she regretted that pharmacognosy was becoming a neglected subject in pharmacy schools. On the question of safety, she thought the risks of herbal remedies should be balanced against the risks of taking

popular OTC medicines such as aspirin or the common practice of giving children antibiotics at the first sign of an infection.

Mr J. Gibson, a community pharmacist from Mansfield who has specialised in health care over the past three years, said his experience had proved that pharmacy could offer alternatives to conventional medicine and still make a profit. His OTC business was now 20 per cent, traditional pharmacy lines such as medicines and a few toiletries, usually those on offer from the local wholesaler; 20 per cent was devoted to homoeopathy and 60 per cent to health foods, vitamins and herbal medicines. His pharmacy, he believed, had gained a much more professional image.

Natural role

Customers tended to come to him because they were dissatisfied with allopathic treatments; if pharmacy did not offer this service these patients would go to health food shops. "If we shrink from this natural role we have only ourselves to blame if someone else steps in and does it for us," he said.

His system would not suit "cash 'n' wrap devotees", he continued. He had had to be ruthless about cutting out lines such as toilet rolls, baby foods and hairsprays which occupied too much room and were relatively unprofitable.

Dr A. J. Allfree, a Birmingham GP who spends half his working time in private osteopathic and herbal practice, described the philosophy behind herbal medicine. It was not simply a matter of supplying medicines but a system of total health care, based on treating the whole patient and not just the symptoms.

He believed there were limits to the pharmacist's role. "To sell tablets and mixtures without regard for the philosophy inherent in herbal medicines and without the facilities to diagnose and examine the illnesses from which people are suffering will not advance the cause of



Unichem managing director Peter Dodd (right) is apparently fast becoming an expert in marine biology! He is shown here examining a wreck during an underwater dive organised as part of the society's recent Cyprus convention. Sharing the experience are convention delegates Patrick Foster and Amanda Nash

herbal medicine, even if it may not harm the patients," he said.

The herbalist's approach placed much emphasis on diet and recommended that patients ate natural foods rich in vitamins and minerals, cutting out processed, refined and "junk" foods. The next step was to use combinations of herbal remedies to stimulate the elimination of waste products through the bowels, kidneys, skin and lungs. Simple psychotherapy was used together with herbs to restore nervous tone and help patients to relax. Finally, healing applications could be applied locally if necessary.

He believed that most conditions encountered in general practice could be treated by herbal medicines with the exception of emergencies such as acute ventricular failure, severe cardiac arrhythmias, psychotic emergencies, bleeding that needed transfusions, fractures and operable cancer (although in the latter, patients were more comfortable taking herbal products rather than allopathic remedies after surgery). While not claiming "miracle cures", Dr Allfree explained how three patients had been successfully treated for acne, psoriasis and rheumatoid arthritis respectively, where conventional medicine had failed. ■

PEOPLE

PSNI seeks a new secretary

The Pharmaceutical Society of Northern Ireland is advertising (see the Classified section of this issue) for a secretary designate. The present secretary, Mr W. Gorman, is due to retire on July 31, 1983. His successor is expected to be registered in Northern Ireland and to have secretarial experience as well as a sound knowledge of pharmaceutical law. (*C&D* is the official organ of PSNI.)

Mr J. Harvey Galbraith has been elected president of the Pharmaceutical Society of Northern Ireland. He is presently senior medical representative for William R. Warner in the Province, having been with the company since 1964. Prior to that he was in retail as superintendent pharmacist of W.G. McCreight, Belfast. He qualified in 1952 from Belfast Technical College and has been a member of the Society's Council for the past six years.

TOPICAL REFLECTIONS

By Xrayser

Ritual returns

We all have experienced those occasions when someone walks into the pharmacy with a clinking carrier bag full of bottles, and, like the family dog with a singularly desirable mouldy matured bone, drops it on the counter for us, expecting to be patted warmly on the head and praised. There are times when I find it difficult to respond in the expected manner. Yet long training in the catechism regarding such offerings allows me to drone out the correct responses — "Yes, it is a pity to waste them. Yes, it probably will save the Government money. No I can't give you any money back, etc . . ." — while I wonder if it is my turn to sort them out and dispose of any remaining drugs before dumping them in the bin.

Of course not everyone brings back filthy untouchables. Most of my regular customers are delightful people who take pleasure in returning clean containers and drugs which are no longer being used but which they want safely removed from their houses. From these worthy folk I have had a number of comments over the past weeks which confirm only too strongly the report in the Autumn issue of *New Age*, the journal of Age Concern.

My pensioner customers tell me that in their opinion they are given too many drugs at a time, too many different sorts of drugs, which are repeated for up to a year in some cases without any review being suggested, and without the doctor seeing them. Most are concerned about the lack of monitoring of response but, while feeling the attention may be cursory, also feel they are hardly qualified to question too hard.

This lack of communication (I hardly like to call it mistrust) is to my positive knowledge producing serious consequences. This week I had the relative of one old friend return about 1,200 Aldactide 25mg, still in their original bottles as they were dispensed. Apparently the patient didn't feel comfortable about taking the drug without any explanation of what they were to do. Equally, because the patient was progressing satisfactorily, further supplies were written up every month, on the assumption they were being taken.

Counter-productive

I can't say I take much comfort from the results of the Winpharm survey. One of the advantages (if you can see it like that) of having a relatively small dispensing business is that you have time to talk to practically every customer, and since my dispensary is open, I hear most

transactions. Also, ever since I have been in business my staff have known they *must* call me when advice on medicine is asked for. The reality of the situation has never really altered all that much in my opinion. When pharmacists are asked for advice, they put on their professional hats . . . and give it.

What to give

For years I have looked at the medicines stocked and divided them neatly into two groups. The first, those which are so heavily advertised, and so demanded that not to carry them would be to lose business unnecessarily, even though they might not be as effective as suggested. The second, items I would take myself, to treat minor illness.

I have been a little unworldly in my choices here in that I never looked to see if they were pharmacy only, though as it happens most of them are. Winpharm are making the point that in commonsense self-interest we ought to limit our recommendations to products not available from non-pharmacy outlets. Warner Lambert (Letters, last week) also make the same point regarding their enlarged Benylin range, which they tell us is worthy of our support. I would not argue with either of those good companies over the merits of their products, but merely point out that in making our choice we already have an extensive range to choose from.

Further additions to the pharmacy-only list cannot automatically expect acceptance, because if we are to apply any sort of logic to our buying, any new product in a saturated market will have to displace another. For the time being I'm content with what I recommend.

What ad?

I was interested to see the breakdown of advertising in women's magazines, which goes some way to explaining demands for some products which I would otherwise have found inexplicable, since they do not appear on the box. I am inclined to believe that regular magazine advertising does produce a consistent demand, just as the small ads in local and national newspapers can generate big business. Nylax, Lipcote, and the Optrex digital thermometer are presold this way, since I have been led to stock them in response to customer requests.

PRESCRIPTION SPECIALITIES

Rynacrom M

A new metered nasal spray containing sodium cromoglycate BP 2 per cent w/v is being introduced to supercede Lomusol nasal spray. Fisons say the spray should be more convenient to the patient using the drug long-term.

Rynacrom M is indicated for the preventative treatment of both seasonal and perennial rhinitis. A pump delivers 2.6mg of drug per nostril from a 26ml reservoir bottle. Lomusol will continue to be available for the time being.

Manufacturer Fisons plc, Pharmaceuticals Division, 12 Derby Road, Loughborough, Leics

Rehidrat

Manufacturer Searle Pharmaceuticals, Whalton Road, Morpeth Northumberland

Description Foil-laminate sachet containing 14g of lemon and lime flavoured greyish-white granular powder with green particles. Each sachet contains sodium chloride 0.44g, potassium chloride 0.38g, sodium bicarbonate 0.42g, citric acid 0.44g, glucose 4.09g, sucrose 8.07g, fructose 0.07g

Indications Oral replacement of fluid and electrolyte losses and subsequent maintenance of electrolyte equilibrium in mild or moderate dehydration associated with diarrhoeal disorders and acute gastrointestinal disorders. Maintenance and replacement of fluid and electrolyte following corrective parenteral therapy for dehydration associated with diarrhoeal disorders

Dosage Dissolve the contents of one sachet in 250ml of freshly boiled and cooled water — the solution should be freshly made and any unused solution should be discarded after an hour (it may be kept refrigerated for up to 24 hours).

Description A clear aqueous solution containing 2 per cent of sodium cromoglycate for nasal use

Indications Preventative treatment of allergic rhinitis, both seasonal and perennial

Dosage One metered dose of approximately 2.6mg six times daily to each nostril on a regular basis prophylactically — intermittently to relieve symptoms

Contraindications, precautions, side effects and pharmaceutical precautions

As for Lomusol and Rynacrom nasal sprays

Packs 26ml bottle and pump (£8.68 trade)

Supply restrictions Pharmacy only

Issued November

Do not reboil the solution after reconstitution. Rehydration — replacement of fluid and electrolyte loss in mild to moderate dehydration — 50-120ml per kg body weight orally usually given in divided doses over four to six hours. Adults may need up to 1000ml per hour. Continuous nasogastric infusion may be used if necessary. Maintenance — mild to moderate diarrhoea — 100-200ml per kg orally over a period of 24 hours in divided doses. Continuing diarrhoea — 15ml per kg body weight orally every hour. Children under the age of three should be under constant supervision

Contraindications Renal impairment, intestinal obstruction, paralytic ileus, intractable vomiting and in severe cases where parenteral therapy is required

Precautions Care must be taken not to exceed the total water and electrolyte requirements. The sugar content should be considered when treating diabetics. Administration of oral glucose-electrolyte solutions with patients with glucose malabsorption may worsen diarrhoea

Packs Boxes of three (£0.61) and 24 sachets (£4.80 trade)

Legal restrictions Pharmacy only

Issued November 1982 ■

Zadstat

Manufacturer Lederle Laboratories, Division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS

Description Tablets: white round, flat-faced, scored, uncoated tablet containing 200mg metronidazole. Suppositories: in heat sealed individual plastic suppository moulds containing 1g or 500mg of metronidazole. IV infusion: Steriflex minipack 100ml infusion containing 500mg metronidazole

Indications Treatment and prevention of anaerobic infections

Dosage As for other metronidazole preparations

Contraindications, precautions etc As for other metronidazole preparations

Packs Tablets: plastic bottles of 250 tablets (£19.68). Suppositories: boxes of 10 (1g £8, 500mg £5). IV infusion: boxes of 10 (£6.20 per 100ml pack). All prices trade

Supply restrictions Prescription only

Issued November 1982 ■

Moxalactam

Manufacturer Eli Lilly & Co Ltd, Kingsclere Road, Basingstoke, Hants RG21 2XA


Description 10ml vials containing 500mg or 1g of latamoxef disodium, and 20ml vials containing 2g, for reconstitution as an injection (available only in hospital at present)

Indications Moxalactam is the first of a new class of beta-lactam antibiotics and is active against a wide range of micro-organisms *in vitro*.

Dosage May be given intravenously or by deep muscular injection. Usual adult dose is 500mg to 6g per day depending on severity and site of infection. May be administered on a twice daily basis. For doses in patients with renal impairment, for intravenous administration, and in children, see the data sheet for further information

Contraindications Allergy to the drug,

Continued overleaf




Don't you think her skin deserves a little protection?

One antiseptic healing cream gives mothers and families all the protection they need. It's Sudocrem. Specially made to soothe sore skin. Recommend it for dermatitis, eczema and general skin problems, knowing that many doctors and health visitors do the same. Display it, knowing it leads to high demand — and even higher profits. Make sure you keep Sudocrem in stock. To give your customers the protection they deserve.

SOOTHES SORE SKIN

Distributors for Great Britain
David Anthony Pharmaceuticals Limited
59 Crosby Road North, Liverpool L22 4QD.



PHILIPS

Philips Ladyshave.



The world's No.1,

only £11.74* from BDC.



Philips Ladyshave

£11.74* inc case

QUOTE PPS HP 2132



This year, about a million ladies' electric shavers will be bought in Britain.

It's the biggest market in the world.

And it's largely because Philips spent five times as much as anyone else developing the market in Britain.

There'll be a massive £1 million national advertising campaign using the line "Run your fingers over my legs. That's how smooth my new Philips Ladyshave leaves them" in colour magazines up to December. And on television in November and December.

It's a campaign which will develop Philips brand leadership at the expense of their competitors.

As always, you can count on more support from **Philips and BDC** than anyone else.

"Run your fingers over my legs. That's how smooth my new Philips Ladyshave leaves them"

This attractive Ladyshave Special HP 2132 is a compact dual voltage mains Ladyshave with double trimmer and specially angled super fine foil head for close comfortable use.

No other ladies' electric shaver comes anywhere near as close.

Send the coupon for more details, and your copy of the BDC Times. It's packed with hundreds of offers, ideal for chemists to retail, including the Philips superb range of Ladyshaves and Philishaves. All at BDC's special prices, and all with delivery in 24 hours, in a 30 miles radius of London.



*Excluding V.A.T.

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To: British Distributing Company, Dept RT1, BDC House,
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Send me a FREE copy of the BDC Times, and an account application form.

Name _____

Name of Store _____

Address _____

Tel. _____

CD/6/11/82

Prescription Specialities

Continued from p832

and sensitivity to beta-lactam antibiotics. Safety in pregnancy has not been established

Precautions Hypoprothrombinaemia has been reported rarely, and can be reversed with administration of vitamin K. Nausea, vomiting and vasomotor instability with hypotension have occurred after taking alcohol

Side effects Morbilliform eruptions, positive Coombs test, and drug fever and anaphylaxis have been reported, along with some haematological disorders

Packs Single vials in packs of 10. 0.5g vial £3.06 each, 1g vial £6.11, 2g vial £12.22

Legal restrictions Prescription only

Issued November 1982 ■

Metosyn lotion

Stuart Pharmaceuticals have added a scalp lotion to their Metosyn range. Presented in a 30ml glass bottle with a "squeeze" applicator, the preparation (£2.30 trade) contains fluocinonide 0.05 per cent W/V. The preparation is for treating local inflammatory, pruritic and allergic disorders of the skin and is available only on prescription. Instructions for use are printed on the carton. *Stuart Pharmaceuticals Ltd, Carr House, Carrs Road, Cheadle, Cheshire.*

Pipril addition

Lederle have introduced a Pipril infusion pack containing one 4g vial of piperacillin, one bottle of water for injections BP 50ml, and one transfer needle (£10.44 trade). This presentation is in addition to the current range of 1g, 2g and 4g vials of Pipril. *Lederle Laboratories, Division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS.*

Micronor in 28s

Ortho-Cilag have introduced a 3 × 28 tablet pack (1.46 trade) for Micronor oral contraceptive tablets. The new presentation carries 28 tablets on each strip and replaces the previously available 2 × 42 strip. Pro-rata the cost remains unchanged. *Ortho-Cilag Pharmaceuticals Ltd, Saunderton, High Wycombe, Bucks.*

Extra shelf life for Mevilin-L

The shelf life of Mevilin-L has been increased to two years when stored between 2°C and 10°C. All other details of the product remain unchanged. *Duncan Flockart Ltd & Co Ltd, 700 Oldfield Lane North, Greenford, Middlesex UB6 0HD.*

Support for aching joints from Scholl

Thermal Supporters are the latest addition to the Scholl range and the gloves, knee supports and socks are recommended by the company as "an alternative or adjunct to pain-relieving drugs". Thermal Supporters are suitable not only for sufferers of osteo-arthritis, say Scholl, but for those who have rheumatism, fibrositis, swollen or painful joints, a sprain or a strain. And the company points out that at any one time in excess of

nine million people are suffering from one of these conditions.

Containing Meraklon, a heat-retaining fibre, and Lycra, for comfort and alignment, the Scholl Thermal Supporters are available as grey or navy gloves (£4.40) in male and female sizes, two sizes of socks (£3.99) and a natural-wool colour knee support in small, medium or large sizes (£2.85). Introductory trade discounts apply.

A counter display depicting the products in every day use is available and an advertising campaign will promote the range throughout Winter. *Scholl (UK) Ltd, 182 St John Street, London EC1*

£1½m Press launch for Pond's range

Trial sizes of the recently introduced Pond's cream and cocoa butter (25ml, £0.19) are currently available and the range, comprising cream (150ml, £1.45) and lotion (200ml, £1.35; 300ml, £1.75) will be supported by a £500,000 advertising campaign in the women's Press from January until September. In addition 240,000 10ml sachets will be inserted in the 50ml and 100ml carton sizes of Pond's creams. The company suggests cream and cocoa butter should be used either after a bath or shower "to bring back creamy softness to a skin dried by the wind or after sunbathing to help prevent peeling". *Chesebrough-Ponds Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks.*



Isoket infusion

Isoket is now available in a 100ml bottle containing 100mg isosorbide dinitrate in isotonic solution as well as 10ml ampoules. Both preparations are for intravenous use.

The bottle has a pierce-through cap and is for single administration only. It will facilitate preparation of admixtures by reducing the need to open several ampoules, say Sanol Schwarz (packs of 4, £118.75 trade). *Sanol Schwarz Pharmaceuticals Ltd, The Limes, 130 Night Street, Chesham, Bucks.*

Early in 1983 the nasal drops and paediatric drops will also be repackaged. *Ciba-Geigy Pharmaceuticals Division, Wimbleshurst Road, Horsham, West Sussex RH12 4AB.*

Elantan 100s

Elantan tablets are now additionally packed in 100s (£8.42 trade) as well as the 50 pack. *Sanol Schwarz Pharmaceuticals Ltd, The Limes, 130 High Street, Chesham.*

Fersamel & Cytaccon

The flat bottles in which Fersamel & Cytaccon liquid products were previously presented will be superseded by round bottles. The round bottles will be phased into the market within the next few weeks. *Glaxo Pharmaceuticals Ltd, 891 Greenford Road, Greenford, Middlesex.*

Otrivine repacked

Otrivine nasal spray has been repackaged. The new presentation is a 10ml plastic nebuliser, with the trade price remaining at £0.40. A change is also being made to the design of the carton which will continue to be available in outers of ten.

OTC relief for sinus congestion

A self-medication product to clear nasal and sinus congestion and relieve the associated headache and pain is being test-marketed by Warner-Lambert in the Yorkshire television region.

Sinutab, which is available in blister packs of 15 (£0.99) or 30 (£1.65) tablets containing paracetamol and phenylpropanolamine, combines analgesic and antipyretic properties with a decongestant action. It is pharmacy-only.

Television advertising starts at the end of December and will continue until March, 1983, reaching 70 per cent of households in the Yorkshire television area at the peak of the coughs and colds season.

The combined analgesic / oral decongestant market is the largest self-medication market in the UK worth £50m in pharmacy outlets, according to Warner-Lambert, with analgesics representing 89 per cent of sales at rsp.

The company believes that sinus congestion causing headache and pain is an underdeveloped segment of the market



and point out that only one product has been specifically positioned for this condition.

Market research, they say, has shown that 17 per cent of consumers claim to suffer from headaches caused by blocked sinuses. Of these sufferers, 24 per cent consulted a doctor while 12 per cent were not treating the condition at all. Sixty four per cent purchased self-medication products, which were split evenly between pain killers (53 per cent) and decongestants (50 per cent), with 12 per cent of consumers buying both product types. *Warner-Lambert Health Care Division, Southampton Road, Eastleigh, Hants SO5 5RY.*

Santa's Superbuys round off the year

Santa's Superbuys is the theme for Numark's last national promotion for 1982 which runs in-store between November 29 and December 25. Once again there will be a lucky draw for Numark members with prizes of ten vouchers each worth £100 for Janet Reger lingerie.

All items on promotion will be advertised in *The Sun*, *Daily Mirror*, *Sunday Post*, *Woman's Weekly* and on Ulster television.

Main lines on promotion include Silvikrin hairspray, Cream Silk conditioner, Macleans toothpaste, Elnett hairspray, Cossack mens hairdressing, Kleenex Boutique tissues, cotton wool and cotton wool pads, Panty Pads, Curity Snugglers, Kodak Disc 4000 camera and Lil-lets.

Intermediate lines include Euthymol toothpaste, Palmolive rapid shave, Palmolive shave cream tubes, Kleenex regular tissues, Fastidia mini pads, Nusoft liquid soap, Bodyform and Handy Andies. Optional extras include Angiers junior aspirin, Rennie, Feminax, Aspro Clear, Hedex, Alka Seltzer, Rinstead pastilles and gel, Eno, Settlers and Milk of Magnesia.

Seasonal material will be included in

the merchandising kits including blank display cards for members own "gift" items. *ICML, 51 Boreham Road, Warminster, Wilts.*

NPA glassware offer to be continued

During November NPA Products are continuing the Edinburgh International crown hand cut crystal glassware offer. This comprises "an old fashioned tumbler" (value £6.75) with every order for six assorted cases of Nuhome paper products and one brandy glass (value £11.50), with every eight assorted case order of personal products.

Consumer savings and case bonuses are available both on these products as well as Nusoft one way nappy liners, digital medical thermometers, Nusoft liquid soap, disposable nappies and nursery wool, Nuhome aluminium foil and Nusoft pleats, snap-on pants, nursery wool and economy white and coloured puffs.

Member bonuses are also available on 500ml and one gallon of methylated spirit, medicated pastilles and Denman hairbrushes. Other bonuses are available on tablet cartons, sugar confectionery and NPA bags. *ICML, 51 Boreham Road, Warminster, Wilts.*

Slide projector and tray from Silber

Kindermann are introducing their new Monitor slide projector in November, through their sole UK distributor J.J. Silber Ltd. The launch will be backed by extensive advertising in the consumer and photographic press.

The Monitor features a built-in daylight viewing screen, rotary twin-lamp mounting, autofocus correction for glass and non-glass slides, fully coated condenser system and standard connection for dissolve transition.

Retailing at approximately £125, the Monitor is covered by a 3 year guarantee.

A new universal slide tray, the LKM will be launched at the same time — the Monitor can use standard or LKM trays.

The LKM (Leitz and Kindermann) is compact, space-saving and spill-proof allowing the mixed projection and storage of up to 60 card and plastic mounted slides to 2mm thickness, as against the 36 slides of the conventional straight trays. The tray fits into standard stacking units.

A larger LKM tray, holding up to 80 slides instead of the usual 50, is also available from *J.J. Silber Ltd, Engineers Way, Wembley, Middlesex.*

ON TV NEXT WEEK

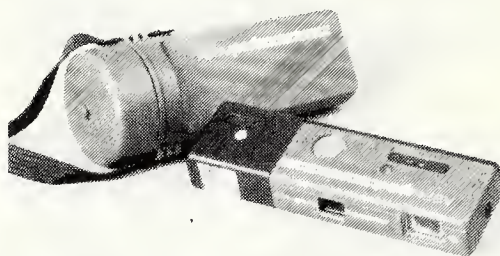
Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Anadin:	All areas
Askit powders:	Sc
Bic razors:	Ln
Buttercup cough syrup and medicated sweets:	All areas
Complan meal replacement:	All areas
Crookes One-A-Day:	All areas
Deep Down cleansing tonic:	Ln
Disprin:	All areas
Dixcel toilet tissues:	All except Y,Sc,U,B,G,E
Ever Ready batteries:	All areas
Fairy toilet soap:	Y,So,A,U,G
Head and Shoulders:	All areas
Karvol capsules:	All areas
Lentheric sampler set:	All areas
Marigold gloves:	Y,NE
Mucron:	All except M,Y,We,B,E,CI
Paddi Cosifits:	All areas
Pampers disposable nappies:	All areas
Pharmacin:	Ln,M,A
Ralgex:	Ln,M,Lc,Sc,B,G
Robinson's baby foods:	All areas
Sanatogen multivitamins:	All areas
Strepsils tablets:	All areas
Vicks Sinex nasal spray:	Y
Wisdom mouthwash:	All areas

'Sporty' camera with flash from Agfa

Agfa-Gevaert have introduced a new pocket camera with detachable mini flash, called the Sport, which has a novel feature that should ensure the outfit's popularity as a Christmas present, they say. It comes with a red, shockproof and water-resistant carrying case.

The red-coloured Sport has an *f*8 lens, three shutter speeds 1/50, 1/125 and 1/200 second, two weather symbols for exposure control, a motor wind-on and detachable flash. It can take 100 ASA or 400 ASA films.



The outfit includes camera, three 110 films, flashgun, instruction book and carrying case at retail price of around £25. *Agfa-Gevaert Ltd, 27 Great West Road, Brentford, Middlesex TW8 9AX.*

Image update for Profile Royale

Wilkinson Sword have given their flagship brand the Profile Royale razor a new "look".

The new pack reflects the Profile Royale as the "razor of the eighties" they say underlining the company's "guarantee of quality and product performance". It comes in a compact travel case with five refill blades and will retail at "just under £10".

A new graphic design appears on all sides of the new outers for easier identification together with ANA bar

coding. Outers contain five Profile Royale units.

A £100,000 national consumer Press advertising campaign will run in the pre-Christmas selling period and Christmas gift header boards are available to fit existing display units. *Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ.*

Correction to size

Savlon baby lotion comes in a 200ml size not 270ml as informed by the manufacturers for the C&D, November Price List. Prices and PIP code remain unchanged.

Almay savings

Almay are offering savings on a selection of their products. From December the 76ml sizes of fresh look make-up (golden beige, moon beige and rose beige) and extra cover make-up (soft beige) will be available for £2.55 (a saving of £2.55) and the 50ml liquid make-up (soft moon beige and soft creamy beige) will be available for £2.35 (saving £1.85).

A saving of £1.05 will run on oil-free moisturiser (175ml, £2.65) and ultra-light moisture lotion (175ml, £4.15 — saving £1.65), extra moisture guard (120ml, £3.45 — saving £3.45) moisture cream (120ml tube, £2.95 — saving £2.95) and ultra rich moisture cream (120ml tube, £3.75 — saving £3.75) will also be on offer. Eye make-up remover pads are currently available at £1.95 for 60 pads and Stayfast creme eye colours come with a free gentle colour eye pencil. *Almay 225 Bath Road, Slough, Berks SL1 4AU.*

Molinar additions

Parfums Molinar have made some 1oz/30ml size additions to their Molinar de Molinar range including: a pure perfume (£47.50), eau de toilette (£8.95), natural spray (£9.75) and a bath oil (£8.95). *Frangere Ltd, PO Box 201, School Brow, Warrington, Cheshire WA1 2BT.*

DO YOU! sell Nail Care Products DON'T MISS YOUR PIECE OF THE LATEST ACTION! Bijou Nail Jewellery

Beautiful gold plated motifs easily affixed to the finger nails. Young and not so young are all talking about this, new fun jewellery ideal for parties, disco's, or just for the hell of it. Price for 48 sets including attractive counter display £45.00 plus VAT inc. postage. C.W.O. R.R.P. £2.20 per set.

Available from sole U.K. suppliers.

R.F. & R.J. BENTLEY

112 ST. MARY'S ROAD, MARKET HARBOROUGH,
LEICS LE16 7DX TEL: (0858) 32508



Coughs and colds

The cough stops here.

But your profit goes on,
and on, and on.



Benylin isn't just your top profit winner. As a trusted prescription product, it has generated a great following among

your customers who appreciate its effectiveness and ask for it by name.

And they appreciate the fact that there's a special Benylin to cope with most types of cough. The range includes not only the highly popular Benylin Expectorant, but also Fortified Linctus, Paediatric and new Benylin Mentholated for nasal congestion. Every one of them a top profit winner for you.

Benylin

YOUR TOP PROFIT WINNER

Further information and data sheets are available on request.

PARKE-DAVIS

part of the Warner-Lambert Group

Usk Road, Pontypool, Gwent NP4 0YH.

WARNER LAMBERT
*Trade mark R82249

Breathe easy.

Last year's response to Karvol television advertising in selected areas gave a whiff of what's to come. Karvol outsold all vapour rubs becoming brand leader within 6 months – clearly, people recognise the benefits of a decongestant in a capsule.

This year Karvol's on television nationally, so make sure that you've got more stock than usual. You'll breathe easily with Karvol – even if at first sales do take your breath away.



Battle begins for pharmacists' recommendation

Only time will tell whether Winpharm's launch of Franolyn Expect will win them a large slice of the cough remedy market. Of more immediate interest is the effect the launch is having on the industry's — and the consumer's — attitude to pharmacist recommendation.

If Franolyn Expect *does* succeed in capturing a worthwhile percentage of the market, there are many other manufacturers who will be only too keen to utter the immortal words "me too."

The reason is that Franolyn is different in attempting to make an impact without the benefit of either consumer advertising or medical endorsement through prescription sales. Only the pharmacist can *sell* Franolyn to the public (in both senses of the word) and if the profession can be persuaded to use its influence in this way, there are many in the industry who will see the pharmacist as an economic means of gaining a market share otherwise denied them.

This sounds marvellous from the pharmacist's point of view, but it has its drawbacks — not least the fragmentation of the market which, in the case of cough remedies, may actually harm his interests. In this sector, the pharmacist already holds some 90 per cent of sales because "ethical" brands dominate the GSL advertised brands so strongly. Thus there are few additional sales to be made — simply a wider stock to be carried, a public to be more confused, and perhaps in the end, a smaller overall margin to be made. It is only if the message of pharmacist recommendation makes an impact on the consumer, and then transfers to other medical categories, that the pharmacist will benefit greatly in the long term.

Prompting the customer

If the message does *not* get across, it will certainly not be the fault of Winpharm. They launched Franolyn with an unprecedented level of trade activity, all designed to stimulate the consumer to ask for advice — and the pharmacist to recommend the brand once asked. Point-of-sale material came in all shapes and sizes, with many large window items that could simply not be ignored, either by the pharmacist or the passing customer. In

fact Winpharm succeeded in placing no fewer than 4,500 of their window displays, all of them with a "seek advice" message and no brand identification other than colour and design.

Overall the launch in July last year went very well and, as we have already suggested, impressed competitors. In addition to trade advertising, Winpharm held a series of local "film-strip" meetings at which pharmacists were reminded of the ideal criteria for cough medicines, and told how the new product measured up to them compared with the existing brands. These meetings proved so

"Should the pharmacist invest in his own ability to sell . . . or back manufacturers who create demand through prescription sales or advertising?"

successful that they are to be repeated shortly, with an even stronger emphasis on the pharmacology of the formulation and bringing in the very latest research findings concerning theophylline. As with the previous series, the product's "scientific pedigree" is expected to influence the audience much more than the profit margin element.

Sell-in targets were exceeded by something like 8 per cent, according to Winpharm, and towards the end of the year they even found themselves temporarily unable to meet the demand as the first repeat orders came in. With the New Year the display activity really took off, with window spaces "pre-booked" and the displays installed by merchandisers and the field force. This was locked to a poster campaign on 2,500 sites — again with no product mention. "Chesty cough? Ask your pharmacist about the new formula that doesn't cause drowsiness" was the message. Both the display and poster campaigns are seen as having been highly successful and are likely to be repeated. In fact, all the Franolyn POS material will again be

available this season, with the addition of a second size of large bottle for the window, and of course the brand is currently available on seasonal bonus.

As indicated early in this report, a number of other manufacturers are jumping on the "recommendation" bandwagon, perhaps reminding pharmacists of the "P" status of their products or their prescription origin. But that charge cannot be levelled at Warner-Lambert, whose Benylin Expect has dominated both prescription and over-the-counter markets for years and is now answering any challenge to its position with range extensions designed, like Franolyn, to fill formulation — that is, professional — gaps in the market. Indeed Warner-Lambert would argue that they have themselves always promoted the pharmacist's-advice theme — and welcome others to *their* bandwagon!

But depending upon the pharmacist alone they see as succeeding only in the long term — "no advertising and no scripts is like fighting with a hand tied behind your back," it is suggested. For one thing, cough treatments are usually a "distress purchase," which means the consumer will go for a product with inbuilt awareness — and to make an impact Franolyn must break that cycle.

Warner-Lambert therefore prefer to offer the pharmacist products with an acceptance level based either on media

advertising or doctor-prescribing. Like other manufacturers, they had been anticipating that the sharp increase in script charges imposed by the present Government would herald a corresponding increase in pharmacist consultations and OTC purchases of medicines, but it appears that the launches and the counter packs came — and the sales didn't! The let-down can be attributed, with hindsight, to the high level of prescriptions exempt charges (a figure of some three-quarters of forms is now being quoted) and the high level of unemployment which gives many people time on their hands to visit the doctor. The contrary view (which may yet fulfil the OTC promise) is that self-certification will reduce the number of visits to the doctor when a prescription might be issued. Also, the threat of unemployment keeps people at work who might otherwise have taken the time off to go to the surgery. Again, only time will show which factors have the greatest influence.

With products which are both prescribed and pharmacist-recommended,

Continued on p840

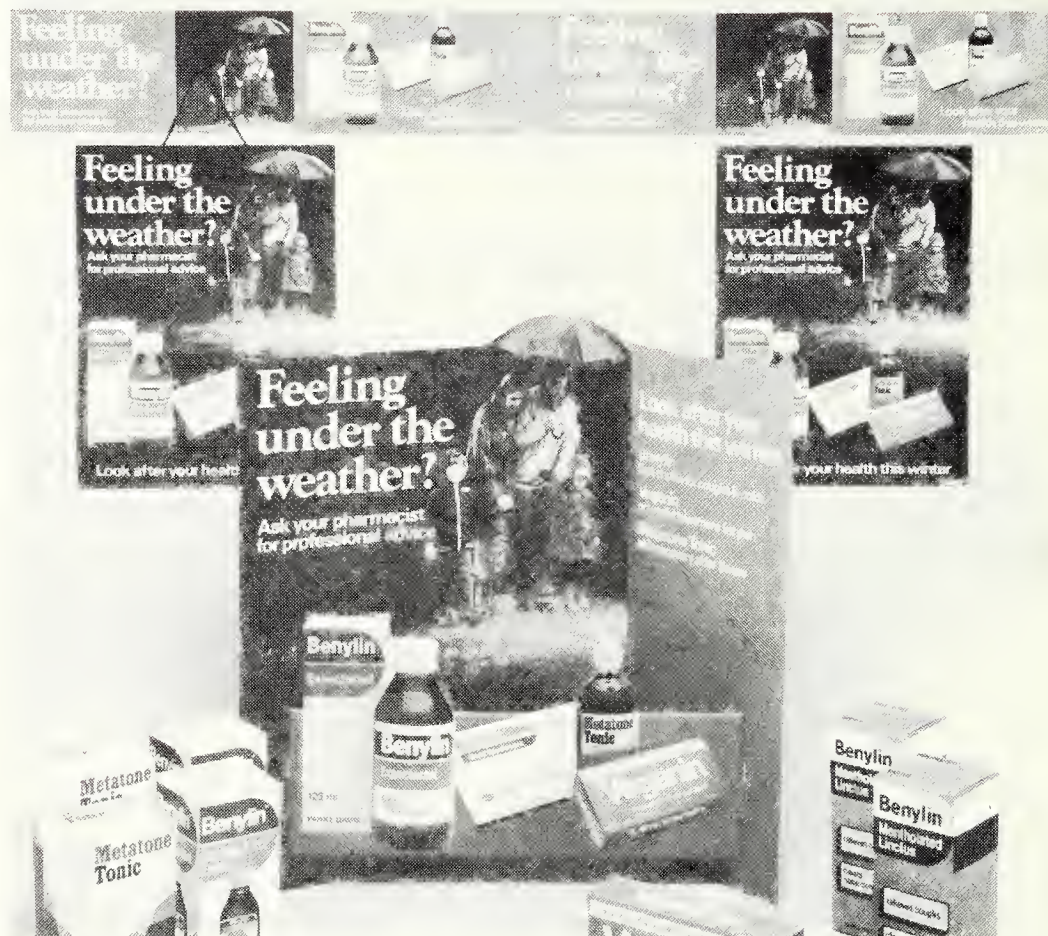
Professional advice receives support

Continued from p839

Warner-Lambert are taking an each-way bet, and are trying to turn their investment into a certainty with further product launches and new POS material to rival that from Winpharm. One new poster proclaims: "Feeling under the weather? Ask your pharmacist for professional advice." But Warner-Lambert have not been shy about their products — their advertising makes it clear that among the recommendations is likely to be the Benylin range.

The company at first sight seems in a dilemma about the rationale of product launches, and is at pains to stress the difference between what it sees as "me toos" and the genuine filler of a market gap. (This difference is explained in a letter to *C&D*, October 30, p811) replying to an Xrayser complaint about product proliferation). At the end of the day, however, the pharmacist must remember that there are limits to the number of products he can stock for his personal recommendation, and ideally this choice will be made on the grounds of superior formulation. Where the product differences are minimal the choice should depend upon the support the product will receive to move it across the counter, whether from prescription endorsement or consumer advertising, it is recommended. Other points to be borne in mind are the tying up of money in slow-moving brands (unless the pharmacist can himself guarantee to speed them up) and that by stocking the odd dozen here and the odd dozen there the pharmacist may be enabling the manufacturer to meet his expansion targets — while missing his own!

The converse view on this point is expressed by Cupal, whose chemist-only brands are unsupported by consumer advertising. They say that although the pharmacist has to do the selling the money the company saves on advertising is passed on in the form of extra profit — 35 per cent as standard throughout the year and as much as a further 15 per cent through bonuses. "It is recompense for the time and effort the pharmacist spends making the recommendation," says director Kenneth Woolley. Cupal claim to offer formulations the pharmacist can support — and which also gain sales as their reputation spreads among consumers. And Bronalin, one of the latest introductions, can also have the chemist's name and address printed on the bottle, thus encouraging repeat purchase



"Ask your pharmacist for professional advice" is the second message on this new range of POS material from Warner-Lambert

from the same pharmacy.

Like other manufacturers in the market, Warner-Lambert back the National Pharmaceutical Association's proposed advertising campaign on behalf of community pharmacy and hope very much that it changes attitudes (not least among pharmacists themselves, another company complained, since the absence of the profession from the counter is seen as one of the greatest hinderances to enhancement and recognition of the advisory role). Given this change, much of the industry would hope to take advantage of any relaxation of the Medicines Act POM controls to allow a non-advertised, pharmacist-recommended category of medicines to come into existence. This trend is already being seen in the USA and parts of Europe following relaxations (unfortunately without pharmacist control) in the United States.

Meanwhile, Benylin appears to be holding its own in the marketplace — Warner-Lambert say that the recent rapid advance of Actifed has been at the expense of advertised brands. Benylin certainly still accounts for nearly a third of total OTC sales, broken down roughly in the ratio of six packs of expectorant to one each of fortified and paediatric. The new mentholated formulation is expected to match the fortified sales level in its first year, but is seen as having much greater

potential in the longer term since it is designed to treat the increasingly-common prescription combination of cough remedy plus decongestant. And mentholated is only the latest Benylin extension — "We aim to keep the brand number one and still have a massive programme of product development," says John Ball, marketing director.

New competition

But it will not be an easy ride for Warner-Lambert. Not only is the performance of Actifed admired with envy in many quarters — there are those who think that they can follow the same path. Sandoz have formed a new Dorsey Laboratories division to capitalise on the three million Triogesic, Triocos and Triopaed prescriptions issued each year, through OTC sales with POS support, while Searle point out that their POS material for Lotussin continues to carry the theme "Ask your chemist's advice."

Similar messages come indirectly from consumer advertising for brands such as Conovia (Thornton & Ross) which directs the customer to the chemist, and the "Adult cough relief only a pharmacist can offer" in the Hill's balsam advertising. Going slightly in a different direction are A.H. Robbins who have recently obtained a GSL licence for Robitussin and introduced an OTC pack — but they

Concluded on p842

Green light for increased sales

New Benylin* Mentholated adds to your profits.

Benylin Mentholated not only relieves coughs but also clears nasal congestion.

Yet another top profit winner for you, combining the benefits of Benylin's renowned efficacy with a proven decongestant plus the penetrating power of menthol.

It means that, more than ever, there's a trusty Benylin for you to recommend for most types of cough. And for every customer.



Further information and data sheets are available on request.

PARKE-DAVIS

part of the Warner-Lambert Group

Usk Road, Pontypool, Gwent NP4 0YH.

**WARNER
LAMBERT** *Trade mark R82249

Benylin

YOUR TOP PROFIT WINNER

Coughs and colds

Are there more consultations?

Concluded from p840

court the pharmacist's support by making a virtue of the fact that is now "free from many of the sale and display restrictions which exist with other cough treatments."

Somewhere in the middle of the is debate is the advertised pharmacy-only product — brands such as Night Nurse, Day Nurse and Medinite. They too require pharmacists' support because they are unable to expand their market shares by broader distribution, and in the particular sector quoted, competition has ensured high advertising expenditure. If such brands do not achieve the shares high spends should produce, they will act as deterrents to other manufacturers thinking of entering the pharmacy-only market.

So has the market stimulus provided by the launch of Franolyn affected the number of consultations with the pharmacist? So far there is no research data to say that it has, but we shall have to wait for Winpharm's own and other independent investigations to prove whether slow progress in achieving a major share of sales is representative also of consultations. (Winpharm like to see their share in sector terms, but competitors give them around 2 per cent of the total market — it doesn't sound much, but is in fact already in line with several of the advertised brands. And it's early days yet!)

Something different

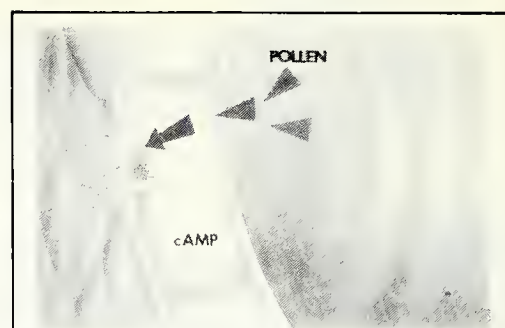
Certainly it is possible to take alternative views of the situation. One manufacturer of advertised brands saw Franolyn as a genuine attempt to do something different, but commented to *C&D* that a general injunction to the public like "consult your pharmacist" would be no more successful than one to "clean your teeth," without some other incentive such as price or product performance. The same manufacturer had doubts about the NPA's campaign for similar reasons, but nevertheless hoped it would work.

Where both advertised and prescription-led sides of the market come together is in their frustration with the retail pharmacist's "inertia." They have seen analgesics restrictions and economic conditions produce a move towards unbranded sales and larger sizes in some sectors, yet accuse the pharmacist of not making the most of these opportunities. Trying to sell too many unsupported brands — and even investing heavily in strong brands and then failing to make the effort to sell them through — are among the criticisms.

But surely the biggest failure in the past must have been lack of professional involvement at point-of-sale — as

revealed by Winpharm's research which showed most recommended sales being made by counter assistants (see last week, p804). There are many pressures on the pharmacist to change this situation, however — the Pharmaceutical Society's tough enforcement of the supervision rules, the new POS material from the ethicals manufacturers, and the NPA's proposed advertising campaign among them.

Perhaps the next survey will produce different results. If it does, market research may further show a greater proportion of medicines sales going through the pharmacy, helping the pharmaceutical service to survive. ■



Winpharm will soon be showing pharmacists a filmstrip illustrating the pharmacological action of Franolyn's three main ingredients. In particular it highlights recent research showing that theophylline reduces the rate at which cyclic AMP is broken down by the cell. The resultant build-up of cyclic AMP causes bronchodilatation — of obvious benefit to patients with a tight chesty cough. In the above diagram, pollen is shown to illustrate an antigen

Which expectorant should you 'counter prescribe' for a building worker?

There's a concrete case for

Franolyn Expect.

WinPharm's new formula for chesty coughs

- * Right pharmacological profile
- * Rapid action, prolonged relief
- * **Does not cause drowsiness**



Working with pharmacy for a healthier future

Each 5ml of Franolyn Expect contains Theophylline BP (Anhydrous) 60mg, Guaiaphenesin BPC 25mg, Ephedrine BP 4.75mg.

"Franolyn" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH

Mucus hypersecretion in coughs and colds

by Dr C. Marriott, reader in pharmacy, Brighton Polytechnic

The most common reason for a patient to consult a physician is when suffering from symptoms associated with the upper respiratory tract. Many preparations are both sold and prescribed for such conditions, but there is little scientific evidence of their efficacy.

The main feature of respiratory tract diseases is the mucus hypersecretion and although much of the therapy is directed towards the modification of this mucus, few attempts have been made to understand the fundamental malfunction. It is only when the basis of mucus secretion and the changes which occur in disease are understood that any rational therapy can be undertaken. This article will review mucus production in health and disease and outline available pharmacological treatment.

Structure and function of respiratory tract mucus

The nasal cavities and the tracheobronchial tree are lined with pseudostratified columnar ciliated epithelium. In the nose the density of ciliated cells may vary in different regions, whereas in the human lung ciliated cells are only present down to the median bronchioles. The nasal and respiratory epithelia also contain a large number of surface goblet cells. In the human lung they are numerous in the trachea and bronchi, decrease towards the periphery and are only infrequently found in the bronchioles. These goblet cells synthesise, store and secrete mucus onto the surface of the epithelium where it is transported by the beating of the cilia towards the pharynx. This goblet cell mucus represents the first line of defence against inhaled noxious substances. It has usually been accepted that goblet cells are not innervated, although recent studies have demonstrated a nerve supply may exist. Certainly, a copious outpouring of mucus is obvious upon inhalation of an irritant like ammonia gas: the immediate dilution of the noxious substance is the major defence of the delicate underlying epithelium.

Under the pseudostratified epithelium is a layer of (submucosal) glands which are responsible for the secretion of most of the mucus which is produced by the

upper respiratory tract (forty times that secreted by goblet cells). Glands line the entire nasal cavity, whereas in the trachea there is approximately one gland per sq mm which means that about one sixth of the total number of glands present in the lung are in the trachea. Glands are normally present down to the fifth generation bronchi. These glands are a simple turbulo-alveolar type, made up of several secretory tubules surrounded by groups of secretory cells, or acini. The glands can be divided into four regions; a ciliated duct similar to the surface epithelium and including goblet cells, a collecting duct, mucus secretory tubules and serous secretory tubules.

All these cells secrete glycoproteins (often referred to as mucins) which are responsible for the slime-like nature of

mucus. In addition mucus contains lysozyme, immunoglobulin A (IgA) and lactoferrin, all of which appear to be secreted locally. The presence of serum proteins in "normal" mucus does not necessarily mean that these are produced by the glands (figure 1).

Glycoproteins are composed of a protein core to which are attached numerous sugar side chains. The overall structure is rather in the nature of a bottle brush where the stem represents the protein and the bristles the sugar side chains. Serine and threonine are the most abundant amino acids through which the sugar side chains are linked. The sugars in the chains are N-acetylgalactosamine, N-acetylglucosamine, galactose, fucose and sialic acid (N-acetylneuraminic acid). These last two sugars are usually terminal and consequently dictate the polarity of the chain rendering it either neutral or acid. The sugars may also be sulphated and such groups will give rise to further negatively charged areas.

The molecular weight of each glycoprotein is of the order of 2 million and the long, thread-like molecules wrap around one another to produce an entangled network. Although disulphide bridges do exist major factors in the stabilisation of the resultant gel are hydrogen and hydrophobic bonds. The efficiency of glycoproteins can be judged by the fact that as little as 4 per cent is

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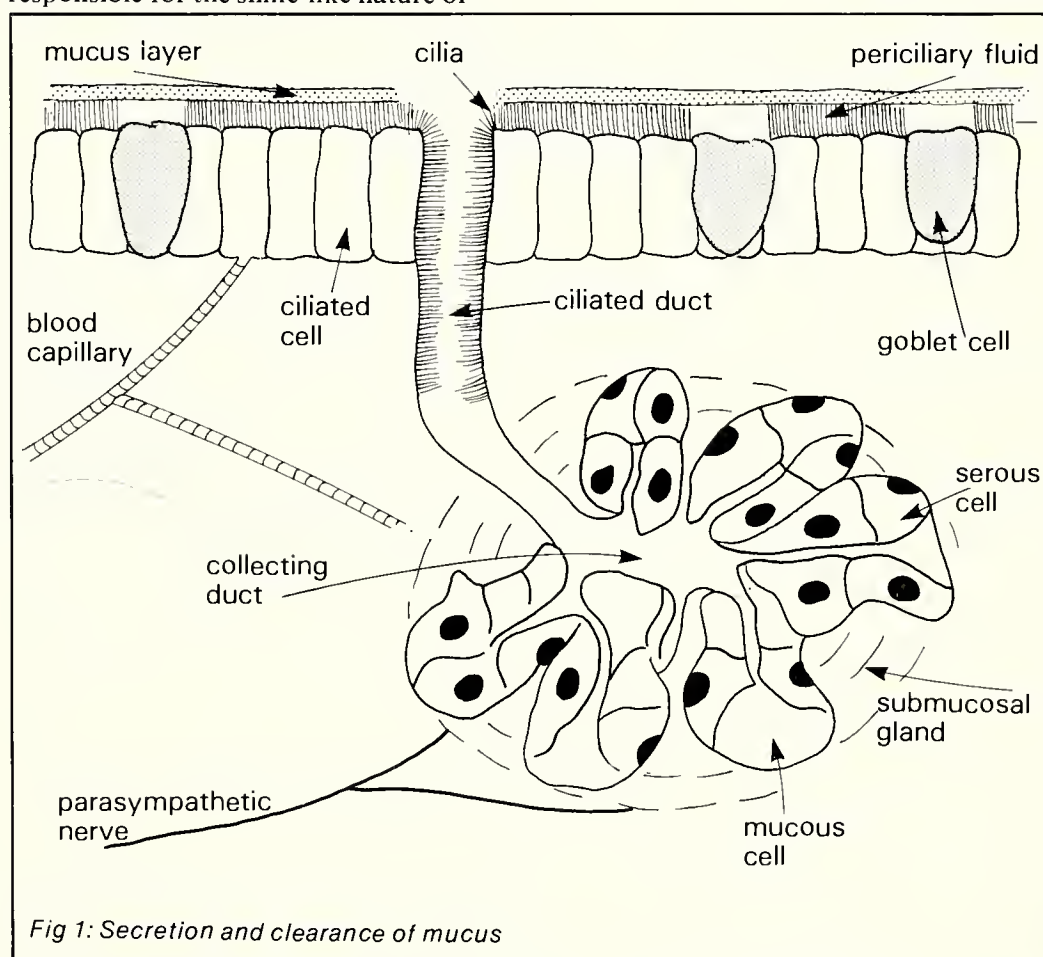


Fig 1: Secretion and clearance of mucus

Pharmacists can now recommend a clinically proven cold treatment

Benylin*

DAY AND NIGHT Cold Treatment

PROVEN EFFECTIVE



Effective relief of cold symptoms requires a treatment that really works. A recent clinical trial† demonstrated the effectiveness of BENYLIN Day & Night Cold Treatment.

†A randomised double-blind trial in General Practice comparing the efficacy of BENYLIN Day & Night Cold Treatment and Paracetamol in the treatment of the common cold.

Middleton RSW Brit. J. Clin. Pract. Vol 35 (9) 297/300 Sept. '81

PARKE-DAVIS

part of the Warner-Lambert Group

good products for you and your customers

*Trade Mark R82196

Benylin Day and Night Cold Treatment is available in display outers containing 24 tablet packs.
List price to pharmacist per retail pack 55p
Price to public per retail pack 95p
(inc. VAT at 15%)

Composition:
Each yellow (daytime) tablet contains:
Paracetamol Ph. Eur. 500mg
Phenylpropanolamine hydrochloride B.P. 25mg
Each blue (night time) tablet contains:
Paracetamol Ph. Eur. 500mg
Diphenhydramine hydrochloride B.P. 25mg

Indications:
For the relief of the symptoms associated with colds and influenza.

Adult Dosage:
Four tablets should be taken daily - three yellow tablets during the day and one blue tablet at night. Take only one tablet at a time and only at the times of day indicated on the pack.
Do not take the night time tablets during the day.

Children's Dosage:
Not recommended for children under 12 years.

Contra-indications, warnings, etc.
Hypersensitivity to any of the constituents. Paracetamol can cause skin rashes, dizziness and palpitations. Caution should be exercised in patients with hyperthyroidism, hypertension, cardiac dysfunction, diabetes mellitus and liver disorders. Benylin Day & Night Cold Treatment should not be used during treatment with M.A.O.I.s or for two weeks after completion of therapy. Do not exceed the stated dose - An overdose is dangerous: medical attention should be sought immediately. May cause drowsiness. If affected, do not drive or operate machinery. Not to be used in pregnancy. Avoid alcoholic drink. If symptoms persist, consult your doctor.

Legal Category: P
Product Licence Holder:
Parke-Davis & Company, Usk Road,
Pontypool, Gwent NP4 0YH
Telephone: (049 55) 2468
Product Licence No. 0018/0115

Ciliary function

Continued from p843

required to form a mucus gel: the remaining 96 per cent is predominantly water and explains the excellent waterproofing activity of mucus.

The gel which is produced by this entangled network of glycoproteins possesses complex flow behaviour in that it exhibits elastic (solid) and viscous (fluid) properties simultaneously. This dual behaviour is essential if mucus is to be transported by a ciliated epithelium. Each ciliated cell is covered with approximately 200 cilia which are 10μ in length and each cilium moves forward in an extended position when the tip pushes into the mucus layer which floats on a watery periciliary fluid approximately 8μ deep. On the recovery stroke the cilium folds down under the periciliary fluid so that it can return to its starting position without interacting with the mucus layer: thus the mucus is propelled by the forward stroke but not dragged back during the recovery stroke (figure 2).

There is a synchrony between the cilia such that waves of co-ordinated movement pass along the epithelial surface. The interrelation between elasticity and viscosity is important with regard to transportability of the mucus: it has been demonstrated that the elasticity is the determining factor and there is an optimum for transport. On either side of the peak, transportability will fall and thus any pharmacologic intervention must attempt to maintain transport in the optimum region (figure 3).

Changes occurring in coughs and colds

The foregoing relates to the normal situation: during disease disturbances occur which result in the development of symptoms causing varying degrees of distress to the patient. It is probably logical to deal with the nose and lung separately.

The nose

Nasal obstruction is by far the most common reason for a patient to seek medical advice. Initially, it is important to differentiate between those patients in whom it is a neurotic complaint and those in whom the obstruction leads to periodic or chronic mouth breathing. The measurement of the nasal pressure drop can be misleading and a relatively high resistance is often found in patients with no nasal disease. The crucial factor is

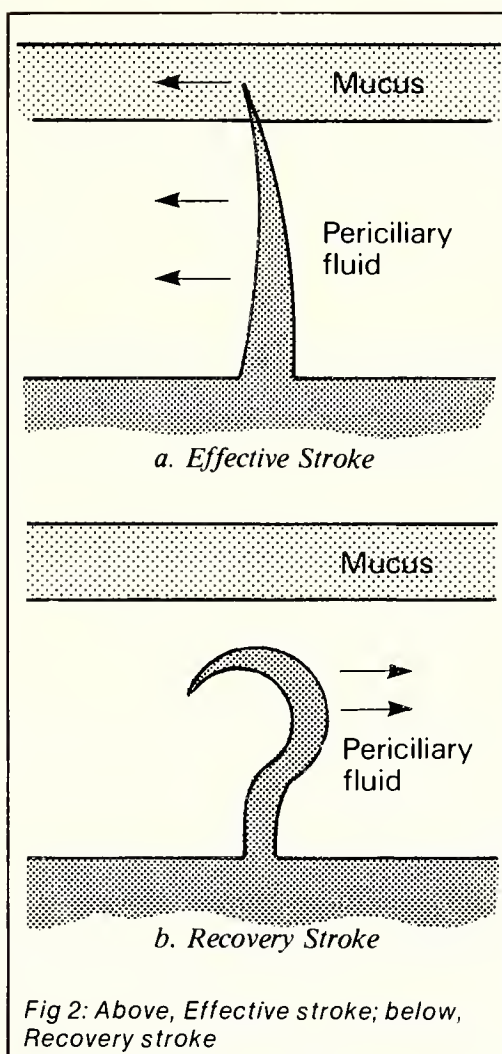


Fig 2: Above, Effective stroke; below, Recovery stroke

whether the individual is capable of, and does maintain, nasal breathing; difficulty in breathing is a common presentation of neurosis.

The common cold lives up to its name in that we all suffer it annually. Fortunately, it is relatively benign in terms of morbidity, complications and mortality. Viruses are probably responsible for most acute upper respiratory infections but, significantly, less than 25 per cent of diseases can be associated with any pathogenic organisms, viral or bacterial. The viruses that have been implicated in the common cold are *coronavirus*, *rhinovirus*, *adenovirus* and *coxsackie A or B*: normally, bacteria only produce secondary infections. Symptoms can vary in both variety and severity but normally include nasal discharge and/or blockage, sneezing, sore throat and cough together with fever and malaise. It is only those patients who are predisposed to respiratory conditions who are at any significant risk and the usual course of the disease is for the symptoms to resolve spontaneously after about a week, and this is not affected by therapy.

In contrast to chronic respiratory disease, the common cold does not result in an increase in the number of mucus

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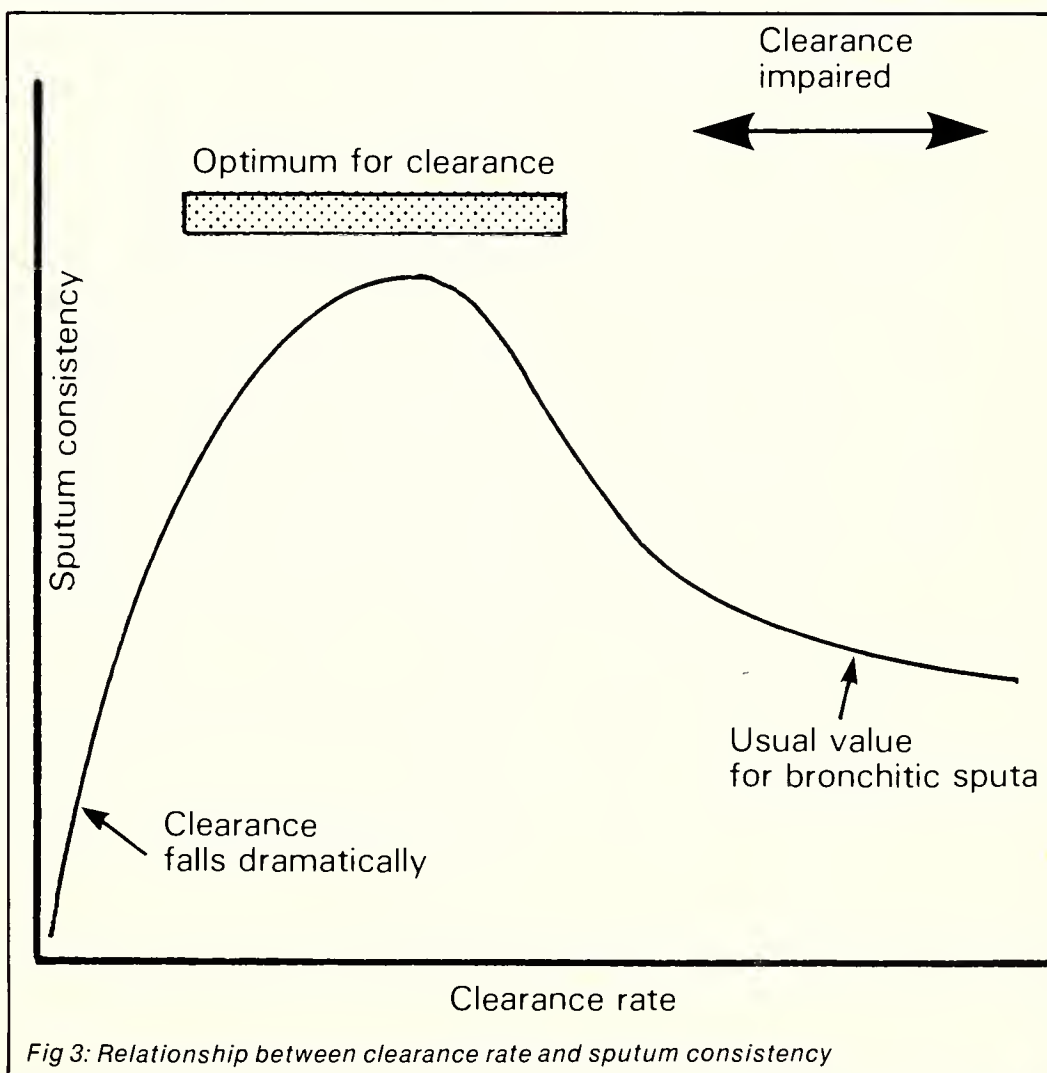


Fig 3: Relationship between clearance rate and sputum consistency

Cold symptom palliatives

secreting structures although a degree of hypertrophy and inflammation does occur. It would appear that the virus stimulates each cell to produce more mucus and would explain the relatively rapid return to the normal secretory situation post-infection.

There is no generally accepted treatment that will prevent, cure or even shorten the length of the common cold and therefore the wide range of over-the-counter products are merely palliative. It cannot have escaped any pharmacist's notice that although the number of products is wide ranging the spectrum of active ingredients is extremely limited. For example, in the United States it was calculated that the 35,000 preparations on the market were based on 120 common active ingredients and it was further recommended that only 44 be considered as safe and effective. Of the remaining 76, 60 were classified as requiring further proof of efficacy even though they had been marketed for many years: the remaining 16 were recommended to be banned solely on the grounds of no proven efficacy.

Nasal decongestants

Nasal decongestants are widely if somewhat casually used and most are sympathomimetics. Topical use is preferred to systemic dosing mainly because the local effect is greater: this also serves to reduce absorption. The length of action varies between two and six hours and is a function not only of the active agent but also dose. Unfortunately the vasoconstriction, upon which decongestants rely to increase airway dimensions, is followed by relaxation of the muscle wall and rebound congestion, the severity of which is directly related to the period of treatment. Consequently, periods of administration should be limited to less than fourteen days. Although it is often stated that topical nasal decongestants damage nasal cilia, it has recently been shown that although a degree of ciliotoxicity occurs with these compounds it is always reversible: phenylephrine and oxymetazoline appeared to be the least ciliotoxic. There are certain sympathomimetic agents which are active decongestants when given orally. Since their effectiveness is reduced then rebound congestion is not as marked although systemic side effects are more common. Such agents should not be used in patients with hypertension, hyperthyroidism or diabetes.

Finally, most topically administered nasal decongestants are potentially harmful in the young and only those formulations which are specifically intended for children should be used: the period of treatment ought not to exceed one week.

A list of commonly available topical

nasal decongestants is given below:-

Antazoline sulphate
Ephedrine hydrochloride
Naphazoline nitrate
Oxymetazoline hydrochloride
Phenylephrine hydrochloride
Thenylidamine hydrochloride
Xylometazoline hydrochloride

The lung

The striking difference in the case of hypersecretory diseases of the lung is that there is a fundamental and often irreversible change in the respiratory epithelium. Although a wide range of symptoms are diagnosable the basic changes which occur in the mucus secreting structures are very similar. In acute conditions these changes will revert to normal after a period of time which depends upon the type and severity of the disease.

The initial response is either produced by the inhalation of irritants or infection: often a combination of the two is involved. It is not usually appreciated how quickly a bronchitis-like condition can be induced and that rats exposed to cigarette smoke for only fourteen days develop bronchitis (the inclusion of an anti-inflammatory agent in the cigarette smoke will prevent this response).

The changes which occur are an increase in the number of goblet cells, usually at the expense of ciliated cells, followed by an increase in the size and number of bronchial glands. Thus mucus output is increased and the clearance mechanism is impeded. The patient becomes conscious of this hypersecretion mainly because of the occurrence of a persistent cough, which is the means by which the body clears the excessive mucus, particularly from the larger airways. Indeed, in cystic fibrosis where mucociliary clearance is severely impaired, much of the clearance is carried out by coughing.

It has also been observed that not only does the volume of mucus secreted increase but that hypersecretion is preceded by a change in the type of mucus. The glycoproteins are thought to become more acidic resulting in a higher charge density which would promote sputum thickness.

Three different chest conditions can be associated with mucus hypersecretion:

- acute bronchitis,
- chronic simple bronchitis,
- chronic bronchitis (deteriorating or malignant).

It is unlikely that any one of these conditions will occur as a separate entity and, for example, any of the categories may be superimposed upon a chronic condition such as emphysema or asthma. Obviously a whole spectrum of

overlapping diseases exists and precise diagnosis is often difficult.

Acute bronchitis. The acute chest infection has a mortality rate of 5 per cent and accounts for 10 per cent of the annual deaths in England and Wales. The symptoms are fever, cough, production of purulent (infected) sputum, and occasionally breathlessness and chest pain. The condition is more common in males than females and this difference is most notable in, surprisingly, children and the elderly, where male chronic bronchitics predominate.

Chronic simple bronchitis. These are normally considered to be the largest group of chronic bronchitics with the major symptom of persistent cough and production of mucoid (non-infected) sputum. The group are often classified as "coughers and spitters" and early morning cough to clear the overnight sputum is characteristic. Sufferers usually state that the first cigarette of the day aids mucus clearance. Paradoxically, it is this addiction to smoking which is the major cause of the disease. Although infection is not normally present, colds and influenza often result in chest infection and persist longer than normal. The influence of climate and atmosphere in these circumstances is quite striking.

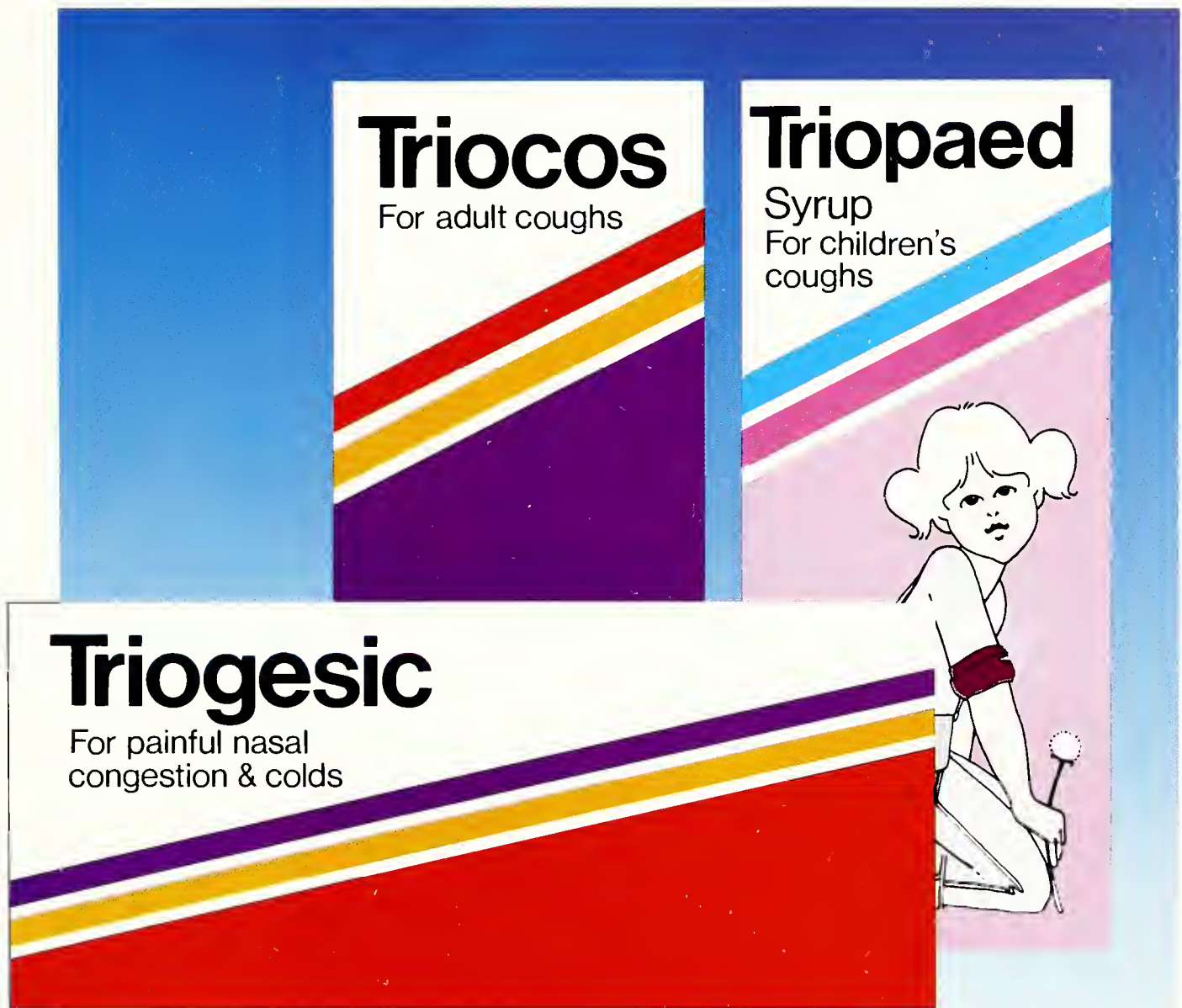
Chronic bronchitis. Bronchitis can be considered to be chronic when cough persists for more than three months of the year and sputum production becomes excessive. Predisposition to acute chest infections also increases and some degree of respiratory distress is apparent. It has been estimated that 20 per cent of the adult population of the United Kingdom exhibit symptoms of chronic bronchitis. However, in itself it is not a dramatic killer and of the 30,000 persons who die from the disease each year, 75 per cent are over 65 years of age. Finally, although chronic bronchitis is often referred to as the "English disease" mortality does not appear to be any greater than in other industrialised countries.

The crucial factor in therapy is the presence of infection since it is during this phase of the disease that life may be threatened. Antibiotics can therefore be considered the most effective therapy. However, except in the case of acute chest infections even successful antibiotic therapy will not result in the eradication of sputum. Similarly although bronchodilators may produce a response in some bronchitics, particularly if there is an underlying asthmatic state, little effect on sputum production results.

The therapy which is directly concerned with mucus hypersecretion either involves the suppression of cough or the modification of mucus production. Cough suppressants really have no useful function since with acute infections if

Concluded on p851

The Trio treatments for family coughs & colds



Triogesic, Triocos and Triopaed are **unique** products formulated to the highest pharmaceutical standards. Effective, safe and fast in action, the Trio treatments for coughs and colds are family medicines at their best. So you can recommend them with confidence.

Trio — Sets professional standards in cough and cold care.

Dorsey
LABORATORIES

a member of the Sandoz Group

IF THERE WAS JUST WE'D MAKE JUST ONE

We don't make three different cough medicines without good reason.

We make them because the coughs people have can be as different as the people who have them.

For example, a cough medicine that's suitable for a toddler's tickly throat isn't necessarily suitable for gran's throaty tickle.

Which is why at LRC we offer a family of cough medicines to keep every family happy.

Buttercup Cough Syrup.

For mothers with young children, the perfect choice is Buttercup Cough Syrup.

Gentle and warming, Buttercup is suitable for minor coughs and throat irritations.

Children have traditionally found its soothing taste particularly comforting.

Buttercup is available in medicated sweet form too.

Liqufruta Cough Medicine.

For those who are a little more health conscious and want something rather more modern, there's new Liqufruta.

And here is what's new about it.

Liqufruta has been reformulated using only the choicest, natural ingredients.

There's Blackcurrant flavour, and Honey & Lemon flavour.

Both are a terrifically tasty remedy for troublesome coughs. And both have stylish new packs.



NE TYPE OF COUGH, E COUGH MEDICINE.

Galloway's Cough Syrup.

Additionally, for those who
want a cough syrup
that's suitable
for all the

family, there
is Galloways.

Effective but not too

powerful, Galloway's

has been a family

tradition for

over a hundred

years.

It's reliable and

pleasant-tasting.

And remember,

it's available as a

bronchial expect-

orant.

Three brands

with one aim.

While our

medicines may

be different, they

all have one

thing in common. And that's the

ability to make 1983 the most profit-

able year ever for you.

Especially when you see the back-

ing we're giving them.

We're really putting our money

where our mouth is.

Money, Money, Money...

To begin with, Buttercup is being supported with a massive national TV campaign, featuring three striking and original commercials. (It's the first time Buttercup Cough Sweets have gone national).

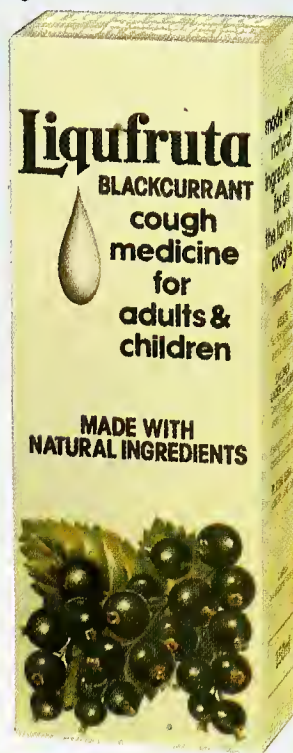
Liqufruta, on the other hand, has its own heavyweight TV campaign; that includes a highly memorable, stylish commercial and advertisements in leading national women's press.

Finally there is Galloway's. It has its own poster

campaign which will be selling hard out on the streets.

All three will be supported with attractive POS material along with enticing trade deals—you'll hear more about them from your LRC representative soon.

When you think about it, isn't this winter something to look forward to for a change?



LRC

Coughs, Colds, Flu ~ Winter Gloom



FISHERMAN'S FRIEND - EVERYONE'S FRIEND



FISHERMAN'S FRIEND

Make sure you have plenty of Friends this winter



- ★ ORIGINAL EXTRA STRONG LOZENGES
- ★ NEW ANISEED FLAVOUR LOZENGES
- ★ HONEY COUGH SYRUP
- ★ EXTRA STRONG RUBBING OINTMENT

Lofthouse of Fleetwood, Maritime Street, Fleetwood, Lancs.

Doubtful treatments

antibiotic therapy is started promptly then such treatment is unnecessary and in bronchitis coughing forms an essential part of sputum clearance. The only circumstance when a cough suppressant might be considered is when the sputum production is reduced and a dry, non-productive cough results. Even then, this form of treatment should be given at night and only if sleep is disturbed.

The use of expectorants is traditional in airways disease although there is little evidence to suggest that any of the compounds, no matter what route of administration is used, produces an increase in bronchial secretion. The majority of the compounds used are gastric irritants and the suggestion that subemetic doses are expectorant is totally unfounded. This lack of efficacy is presumably the only reason why the illogical combination of a putative expectorant and an antihistamine has become so popular: the sedative effect and pleasant flavour may be of more significance.

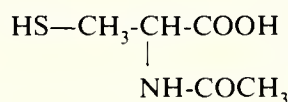
Mucus modification

The final approach is to administer an agent that will bring about a chemical or physical modification of the mucus. Since mucus in disease is considered to be more viscous and elastic than the normal, then a reduction in viscosity has often been considered to be of benefit. This led to the adoption of the term "mucolytic" which is a poor one in as much as few of the available compounds actually break down mucus gels. However, that is not to say that these compounds have no activity, merely that their classification is unsuitable and needs revising. Not surprisingly the range of compounds which have been termed mucolytics is of varying nature and activity.

Water and saline have been used by inhalation since the time of Hippocrates. However, the site of deposition is very dependent upon the particle size of the aerosol, and it has been shown that the maximum amount of water that can possibly be delivered to the lungs is 2ml per hour: under conditions normally used in therapy 1ml per hour is a more reasonable maximum figure. Furthermore, most of this water is deposited in the larger airways, and since the diseased areas are usually poorly ventilated these will receive little water. Consequently, it is hardly remarkable that clinical trials of water vapour therapy have provided no convincing evidence of efficacy. Direct instillation of water into the lung (apart from the obvious danger of drowning the patient!) has been equally unsuccessful.

N-acetylcysteine has been widely used as a direct mucolytic since it has been demonstrated *in vitro* to break down mucus gels. The presence of a free

sulphydryl group (see structure) explains this activity since it is able to dissociate the disulphide bonds which are known to be present in mucus gels.

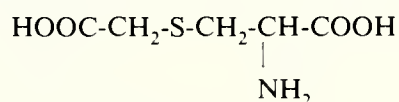


Structure of N-acetylcysteine

In vivo tests have also shown the compound to be active in lowering the consistency of sputum although there is nothing to suggest that this is of benefit to the patient. The bronchoconstriction which has been observed even in normal volunteers, and is thought to be a direct action, may well account for this lack of effect.

Many of the successful trials must be considered to be invalid due to the difficulty in producing an inactive placebo because of the distinctive smell of the active compound. Dithiothreitol and mercaptoethane sulphonate are, if anything, more active *in vitro* than N-acetylcysteine but unfortunately both are equally inactive *in vivo*: limited trials suggest that both compounds may be even more toxic.

S-carboxymethylcysteine differs from the previous examples in that the sulphydryl group instead of being free is blocked by a carboxymethyl group (see structure).



Structure of S-carboxymethylcysteine

This blocking prevents the direct rupture of disulphide bonds, but since the compound is administered orally this is not in itself a disadvantage. The clinical and animal experiments with this compound are not conclusive although the results suggest that changes in the type of mucus secreted may be induced. Anecdotal evidence infers that this drug might also be useful in the relief of catarrh and is supported by its recent introduction for the treatment of secretory otitis media (glue ear). Finally, N-acetylcysteine has lately been introduced as an oral medication and since methyleysteine is similarly available it does suggest that all the sulphydryl homologues might possess common activity when given by this route.

It is an attractive notion to propose that administration of a surface active agent by the aerosol route would result in facilitated mucociliary clearance since anionic detergents are known to be mucolytic. However, only a non-ionic

surfactant has been marketed and used (Tyloxapol) and it has been proposed that the concentration required to produce a mucolytic effect (8 per cent) is unobtainable in the lung. The activity of enzymes, such as deoxyribonuclease, is equally difficult to assess from the literature but it would appear that no greater clinical success could be expected.

Guaiphenesin is a common ingredient of over-the-counter preparations in the United States and has recently been the subject of a similar preparation promoted in the United Kingdom. However, the dose required to produce an expectorant effect is ten times that given in humans. Although tests on lung function have failed to show any beneficial effect, clearance of technetium-labelled spheres from the bronchitic lung has been shown to be increased by 600 mg guaiphenesin: such an effect was not significant in healthy volunteers.

The final compound available in the United Kingdom market is, perhaps significantly in a field often dominated by folk remedies, a tribute to classical pharmacognosy. Bromhexine is derived from an alkaloid obtained from the plant *Adhatoda vasica*, the leaves of which have been widely used in India in the treatment of asthma. Early reports suggested that it increased respiratory tract fluid although recent studies in healthy animals show the converse. Clinical studies on sputum volume and consistency are confusing and reports on lung mechanics are equally controversial. Some evidence of seasonal variation has been inferred but not confirmed. However, clearance from the bronchitic lung has been shown to be improved and it is probable that well designed clinical studies might be worthwhile.

A suitable balance

It is certain that it is as difficult to exist without lung mucus as it is to exist with too much. Consequently, after secretory disfunction it is essential to maintain a suitable balance during drug intervention: a slight change in either direction may be harmful. Delivery by aerosol will generally not allow penetration to the diseased part of the lung. Furthermore, there is little evidence that drugs which reduce mucus viscosity are of any benefit to the patient who may well remove excess secretions by coughing. Also, minor and acute conditions are often self-limiting and will right themselves eventually. If not, then apart from good general management and treatment of symptoms as they arise, options for long term treatment are few.

It must remain one of the major challenges for pharmaceutical research to understand and control chronic obstructive airways disease. ■

GET READY FOR A LONG HOT WINTER

HOT!

Brand new packs for Beechams Powders Hot Lemon.

HOTTER!

Brand new TV commercial for Beechams Powders Hot Lemon.

HOTTEST!

Biggest ever National TV spend for Beechams Powders Hot Lemon.



Take

**Don't be left out in
the cold—stock up now.**

BEECHAM HOME MEDICINES

for healthy profits

Manufacturers go for share as volume falls

With few new product launches, and (from the pharmacist's point of view) certainly nothing to compare with the arrival of Franolyn last year, the winter market seems to be lining up for a direct confrontation to maintain brand shares over the coming months. And that means strong promotional activity and competition for chemists' investment and support.

The cough and cold remedies section of the household medicines market has risen faster than any other over the past five years — an estimated 123 per cent since 1977, according to EIU estimates. However, although value sales have increased dramatically, volume sales have not — EIU estimates a drop from £25m in 1977 to £19m in 1981 (at 1975 msp).

But here the coughs and colds should be separated. Beecham say that cough remedies have been relatively buoyant and volume actually went forward 5 per cent in 1981-82. However, the past three years' low incidence of colds and flu has left its mark, with a further 5 per cent volume decrease in cold treatments last winter.

Wellcome activity

Benylin continues to dominate the cough liquids market, but as indicated elsewhere in this feature, it is facing increased activity from other brands. Wellcome, for example, added to the Sudafed range with an expectorant for "wet" chesty coughs and the complete Actifed and Sudafed range is on bonus throughout the year, together with a wide range of merchandising aids.

A. H. Robins say they intend to improve their sales of OTC products significantly this winter and the cough and cold market will receive much of the activity. They estimate the market for coughs and colds at around £24m and £18m at rsp respectively, with more than 85 per cent of sales of cough products going through chemists.

Robitussin has been granted a GSL licence and the company believes it is the only brand on the market to recommend a dosage of up to 200mg of guaiphensin and be so classified. Consumer advertising will commence in January with a spend of £75,000, and run throughout the year, probably in the *TV Times*. Explains Mr J. Lawson, consumer products group

manager: "Sales split 60:40 between the winter and the summer. Although the trade buys seasonally the sell-out continues all the year around." The advertising theme will be "Does anyone in your family have a Robitussin cough?" In addition to the normal range of merchandising material Robins are offering a mobile which can be hung in the window or the middle shop.

Dominant advertised GSL brand in share terms is the Venos range which has received an extra boost from the "adult" formulation based on noscaphine. Beecham believe that Venos adult's success is due to the fact that it has taken on the "look" of an ethical and been backed by television advertising (£400,000-worth is planned, using the Scottish piper commercial). Despite the legal status, this combination has made the brand a real seller even in pharmacies.

National launch

This winter sees a national launch of a reformulated and repackaged Vicks expectorant cough syrup. the brand will be supported by national television, running from mid-November through to February 1983, featuring a new commercial. The national launch follows a successful advertising test in Yorkshire and Tyne Tees regions last winter where

brand shares in pharmacies and drug stores increased almost threefold between November and March, says the company.

Biggest advertisers?

For the second year running LRC believe they will be the biggest single advertiser of cough remedies. The company has allocated £750,000 to be spent during peak winter months on Buttercup, Galloways and Liqufruta (compares with £250,000 last year). LRC say the weight of their spend is an expression of confidence in the potential of the non-ethicals syrups sector. Consumers are tending to question the benefits of the more expensive multi-symptom products for simple coughs, when uncomplicated syrups seem just as effective, they claim.

Liqufruta is being advertised in leading women's magazines with a £150,000 spend between November and February, and on television in Tyne Tees and Southern regions from December 20 until the end of January. The regional television campaign is designed to test the brand's responsiveness to this form of advertising. Liqufruta has recently been reformulated as a more "natural" syrup, using fruit ingredients, glucose syrup and an expectorant.

Buttercup syrup and sweets are on television from October with a series of three commercials taking a £400,000 campaign through to February. Galloways will be supported with a poster campaign worth £75,000, running from December until March, which will maintain Galloways dominance in the south of England, say LRC.

Searle report a marked swing towards counter sales of semi-ethical preparations

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The battle is on: advertised... or recommended?



Further moves among the semi-ethicals

Continued from p853

which are both prescribed and available over the counter, stimulated by the rise in prescription charges to £1.30. They are continuing to support Lotussin with three new merchandising aids.

A new name on the marketing scene is Dorsey Laboratories, a new division of the Sandoz group, which has taken over the Trio product group — Triogesic, Triocos, and Triopaed. Dorsey say they are now engaged in a vigorous campaign to stimulate the interest of both retailer and customer in the brands, with a full range of point of sale advertising material supported with promotional activity directed towards retailer and wholesaler. This includes bonus offers and competitions.

Sales of Medo Pharmaceuticals' Pholcomed range got off to a record start following a series of promotional meetings for retailers in the London area, says the company. Six regional merchandisers have been employed to help achieve a quick lift-off to the Winter campaign. The whole range has been repackaged and reformulated to improve the blackcurrant and cherry flavours in the past 18 months. General manager Ian Troup says he is looking for a 25 per cent increase in sales this Winter and for Pholcomed to be established in the South of England as one of the biggest-selling ranges of cough products.

Directed to chemists

Thornton & Ross say sales of Conovia have tripled in the past five years — and the advertising budget has been tripled. Advertising will remind the public that the product is only available from chemists. Sales for Hill's bronchial balsam increased in 1981-82 and the initial sell in for 1982-83 has gone well, helped by the prospect of television advertising on Granada and a prolonged national Press advertising campaign, says the company. This year's campaign will again carry the phrase "adult cough relief only a pharmacist can offer. Fisherman's Friend honey cough syrup from Lofthouse, will be appearing on Channel 4 in the Granada area in November.

May & Baker forecast seasonal sales to be about 3 per cent higher this year than last. However, increased stock control and a relatively warm September led to a smaller sell-in than usual this year, says Simon Fitall, OTC product manager. The company continues to offer Tixylix to pharmacists on special terms.

Lowered flu resistance may threaten run on stocks

The colds sector of the market is very much influenced by 'flu epidemics. These stimulate public interest in the treatment of colds to a degree which is probably out of proportion to the real incidence of influenza.

As there has been no significant epidemic for the past three years, the chances of one occurring must increase as time goes on, industry experts point out, adding that there is a real concern that if the population's resistance is actually lower, an epidemic could cause a massive run on stocks. This could be accentuated because the whole supply chain now works on lower stocks than ever before.

Importance of elixirs

Within the market the two main hot lemon brands show the steadiest growth, according to Beecham, and now hold about 50 per cent of the market, in both volume and sterling terms. The night and day "elixirs" take about 20 per cent of the total market and, being pharmacy only products, are even more important in chemists, where they hold over 30 per cent. "More than half of this is in Night Nurse which has emerged as the clear leader after a prolonged marketing battle with Vicks Medinite," Beecham claim.

Beecham also claim some 60 per cent of the whole cold treatment market, with Beechams Powders alone taking a fifth and its other versions a similar proportion. Beechams Powders hot lemon, in new packaging, will be supported by £1m on television this season, and the new capsule formulation (C&D September 25) currently on test market in London, is expected to add to the brand's share.

But Reckitt & Colman take pride in the additional 2 per cent volume share (to 27.8 per cent) recorded by Lemsip last winter. Another feather in the Lemsip cap has been blackcurrant flavours Junior Lemsip, which achieved a 2 per cent share in a few months — something its lemon predecessor did not manage over many years. (R&C ask retailers who are still ordering the lemon version to note that blackcurrant is a *replacement*, not an addition to the range.) An early three-week burst of television spots for both junior and adult Lemsips is due to be completed this week.

Among other cold specifics, Coldrex is on a 14 for the price of 12 bonus from Sterling Health, and comes with a free counter display unit to hold two of each

product in the range — 12 and 24 tablets and lemon and blackcurrant flavour powders. Menley & James Laboratories' Contac 400 will receive television support in "certain key regions", using the successful "Guardman" advertisement with the punch-line "Puts a smile on the face of a cold". And Cupal's 10-hour capsules, now formulated against colds and coughs, are increasing their popularity due to the present "fashion" for the capsule form. Benylin Night and Day cold treatment (different tablets for each period) benefits from the total brand image and last year received clinical endorsement in a trial against paracetamol.

Winter is not only the time for specific colds and flu treatments — International Chemical Co point out that demand for analgesics increases dramatically during the crucial November to February period, even in the average winter. Thirteen million additional Anadin tablets alone are sold during this time, according to the company, which suggests that pharmacists (who account for two-thirds of analgesics sales) should be prepared with adequate stocks. Anadin, they claim, outspends all the competition in advertising terms.

Reckitt & Colman say that despite the introduction of new brands, Dispirin maintained its share at 15.2 per cent in the 12 months to August, partly with the introduction of a summer burst in its £1m television schedule. The winter television support has already begun.

Another analgesic to receive television support (£1m in 1982-83) is Aspro Clear which has recently added a pharmacy-only 48 pack. Although the brand majors

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Free display unit for Coldrex



MenthoLyptus

MORE PROFIT FOR YOU THIS SEASON.

STICKS-6 FREE IN EVERY OUTER
BAGS-4 FREE IN EVERY BOX
JARS-SPECIAL PRICES.

MenthoLyptus is set to be the most profitable medicated sweet on the market again this winter and we're backing that with a national advertising campaign.



PLUS

FREE OFFER!



**WORTH
£12**
approx.
**Corrosion free,
Refillable,
Wall bracket
included**

To obtain your free MenthoLyptus/Chubb Panorama Home Fire Extinguisher, simply send 10 outer tops including one from each of the 4 flavours, with your name and address to:-

MenthoLyptus Retailer Free Home Fire Extinguisher Offer,
P.O. Box 10, Altrincham, Cheshire WA14 5SZ.

OFFER CLOSES 1 MARCH 1983.



an outer of
MenthoLyptus
Original

To the Retailer-This coupon may be used in part payment towards your next purchase of an outer of MenthoLyptus Original. It must not be used towards the purchase of any other product.
To the Wholesaler-This coupon will be redeemed by Hall Bros. (Whitefield) Ltd., c/o NCH, provided it has been used in part payment towards the purchase of an outer of MenthoLyptus Original and you have reasonable proof of purchase which may be called for.
SEND TO: Hall Bros. (Whitefield) Ltd., Dept. 731, (NCH), Corby, Northants., NN17 1NN.



an outer of
MenthoLyptus
Extra Strong

To the Retailer-This coupon may be used in part payment towards your next purchase of an outer of MenthoLyptus Extra Strong. It must not be used towards the purchase of any other product.
To the Wholesaler-This coupon will be redeemed by Hall Bros. (Whitefield) Ltd., c/o NCH, provided it has been used in part payment towards the purchase of an outer of MenthoLyptus Extra Strong and you have reasonable proof of purchase which may be called for.
SEND TO: Hall Bros. (Whitefield) Ltd., Dept. 731, (NCH), Corby, Northants., NN17 1NN.

COUGHS AND COLDS

Continued from p854

on pain relief, cold and flu symptoms are included in the new commercial, which will be seen during December and January. Nicholas Laboratories say it is the fourth-largest advertised brand and "growing fast". And to be considered here are the prescription-led brands such as Solpadeine, offering both pharmacy-only status and top margins — a "built-in professional fee" as Winpharm put it.

Medicated confectionery — now a boom market

Although a fragmented market, with outlets ranging from garage shops and confectioners to pharmacies, medicated confectionery seems to be a boom area. Some of the products could be more correctly classified as sweets and Tunes

and Locketts (supported by £836,000 and £699,000 of advertising respectively in 1981: EIU estimate) are manufactured by confectioners Mars Ltd. Beecham argue that the market deserves plenty of attention because it ranks second only to analgesics among proprietary medicines. Macs, they say, have been particularly successful since the launch of the new blackcurrant flavours. This version has television backing with the theme "Makes relief taste terrific".

Crookes Products are anticipating a profitable winter for Strepsils, with the market through chemists worth about £14m at rsp this year. The product has been repackaged in a blister pack and a new dispensing unit designed. A 30-second television commercial has been produced for the new pack and a £600,000 campaign broke at the end of October and will run through until next February. Crookes report the sell-in of the new pack has been well received.

Most profitable?

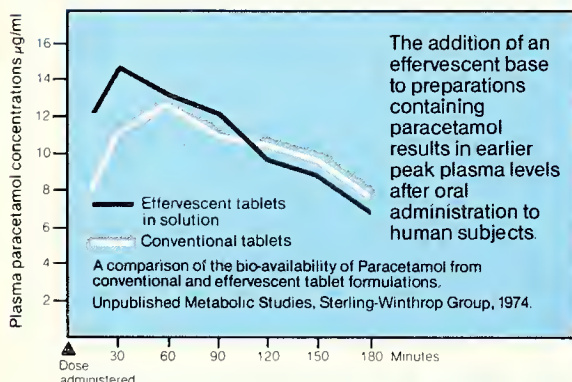
Halls Mentholyptus will again be the most profitable medicated sweet on the market, according to the makers (who include in this week's C&D two 10p coupons to set against purchase of outers of original and extra strong versions). In addition, Hall Bros offer retailers a home fire extinguisher in return for ten outer tops across the four flavours. The brand is also

Solpadeine- your WinPharm 'counter prescription' to dissolve away pain-fast



Solpadeine combines the analgesic and antipyretic actions of paracetamol with codeine and caffeine in an effervescent base. This ensures prompt and effective relief from rheumatic aches and pains, strains, sprains, headaches and the symptoms of colds and 'flu.

Solpadeine- the right scientific pedigree



Solpadeine- the right commercial profile

- Distributed only to pharmacies
- Not advertised to the public
- Trade margins with built-in "professional fee"
- Backed by Winthrop resources
- Comprehensive information facilities
- Solpadeine is widely prescribed



WinPharm

Working with pharmacy for a healthier future

EACH Solpadeine Tablet contains Paracetamol Ph.Eur. 500mg, Codeine Phosphate Ph.Eur. 8mg, and Caffeine Ph.Eur. 30mg in an effervescent base containing Sorbitol. "Solpadeine" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey KT6 4PH.

Doreen Lofthouse, managing director of Lofthouse of Fleetwood, with the "Fisherman's Friend" — Little Lofty



being supported by a national advertising campaign.

The Barker & Dobson range of Hacks, Victory V Lozenges and Breezers are all now marketed through LRC Products Ltd. Hacks are made under a DHSS licence and are being promoted using a television commercial featuring Richard Briers. And now there is an addition to the range — see this page.

The sell in of Fisherman's Friend products this year has been way above expectations, the makers say. The lozenges will be backed by a national Press advertising campaign in daily and Sunday newspapers and a number of magazines, and featuring the cartoon character, Little Lofty, who will also be appearing on window stickers.

Further campaigns

Thomas Guest are supporting the Sure Shield range with an advertising campaign in leading newspapers and magazines, including the *Daily Mirror*, *Daily Express*, *News of the World* and *Woman's Weekly*. The campaign began on November 1 and will run until the end of March. Dequadin

lozenges, a "semi-ethical", are being promoted this year as a remedy for "sore, sore throats". The brand's first-ever advertising campaign started in October and will continue in the national daily and Sunday Press until next March, with a spend of £100,000. This is another product that has been relaunched in blister packaging.

Advertising for Potter's catarrh pastilles will be in the *Sun*, *Sunday Mirror*, *Daily Mail*, *Daily Star* and the *Mail on Sunday*, continuing until next March. The advertising spend was increased dramatically last year, say Potter & Clarke, and this will continue. Sales of Throaties have out-performed the market by three times, according to Jacksons marketing director, Mr Hamer, and the product will continue to get national Press, women's and television magazine advertising.

Continued on p859

Hacks go two ways — for adults and children

"The first time anything really new has happened in the medicated sweets market for a very long time," is how Barker & Dobson describe the selling-in from next week of two new brands of Hacks.

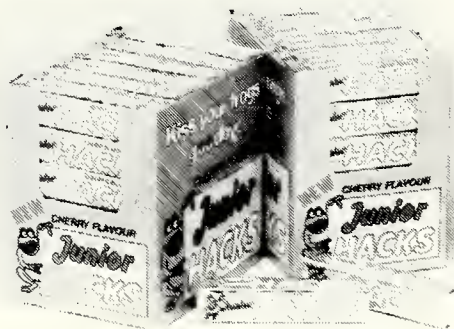
The new lines are: 2-Way Hacks (to clear the nose, as well as soothe the throat) and Junior Hacks (a throat sweet for children).

2-Way Hacks are claimed to have a unique formula, by encapsulating in a traditional lozenge a liquid menthol and eucalyptus centre which rapidly releases a vapour. And to show just how different it is, Barker & Dobson have also produced a flip-top pack containing an air-tight foil

bag with 17 lozenges (£0.25). Trade outers of 30 packs serve as retail display units. The product has a GSL medicines licence.

Introducing Junior Hacks, Barker & Dobson's marketing manager, Mr Richard Lynch, says: "Although the idea of medicated sweets specially formulated for children is new, the brand will form part of a proven market, with products like Junior Lemsip already firmly established." Junior Hacks are a low-dosage variant of Hacks throat sweets and are in counter packs containing nine lozenges (£0.17).

Launched on the eve of the traditional "coughs and colds" months, the new brands, say Barker & Dobson, are expected to increase Hacks' share of the market for medicated sweets — which they put at about £40 million a year. "We believe," says Mr Lynch, "that both these new products are significant enough to actually increase the size of the market."



MELTUS

The most popular, safe and effective cough treatment for quick repeat sales.

DOUBLE ACTION

Controls and soothes coughs, and loosens catarrh.

Confident counter prescribing with Cupal. Write for bonus details.

This is a G.S.L. Product

Each 5 ml spoonful of Adult Meltus contains:
Guaiphenesin B.P.C. 25.0 mg
Cetylpyridinium Chloride B.P. 2.5 mg
Sucrose B.P. 1.75 g
Purified Honey B.P. 0.5 g

CUPAL Ltd

Pharmaceutical Laboratories
BLACKBURN BB2 2DX
ENGLAND
Telephone: (0254) 50321



This winter, they'll disappear off your shelves almost as fast as they relieve colds and headaches.



COUGHS AND COLDS

Decongestant relaunch that could expand the market

Based on its performance in a test market last year, Crookes Products are anticipating an expansion in the size of the decongestant market with the national relaunch of Karvol. The market is small in comparison to other cough and cold sectors such as medicated throat lozenges (retailing at about £2-4m) but is one which can offer good profits to the chemist, say Crookes. Sales are seasonal with high turnover during winter, and the small sizes of the packs mean high profit per square foot.

Karvol, launched in 1951, was updated and re-positioned last year, in new packaging with a visual of a sleeping child. Test marketing in Wales, West and Westward areas in 1981-82 was supported with a national equivalent spend of £450,000. the theme of the commercial was the child who could not sleep due to a blocked nose, soothed by Karvol, thus allowing him, and his parents, to get a good night's rest. Sales within the test area rose sharply during the campaign, and continued to rise even after the commercials had ended in February. From an initial brand share of 26.4 per cent in September / October, Karvol had risen to become brand leader in March / April — and the increase in sales also led to expansion of the market within the test area.

Repeat success

Crookes see no reason why last year's success should not be repeated during 1982-83 as the product is relaunched nationally. A new television campaign with a national spend of £600,000 breaks

early in November and will have the same sleeping-child theme. A new showcard has been designed, and there is a standard outer to take 12 packs. Chemists who

Continued on p860

The hat cure

"Maybe the old wives had it right all along with their remedy of 'hanging your hat on the bed-post, drinking from a bottle of whisky until two hats appear, then going to bed and staying there. That's probably what the researchers will come up with in ten years' time." *Feature on "Cold war chemistry" in last Sunday's Observer magazine.*

Which expectorant should you 'counter prescribe' for a school teacher?

In a class of its own

Franolyn Expect.

WinPharm's new formula for chesty coughs

- * Right pharmacological profile
- * Rapid action, prolonged relief
- * **Does not cause drowsiness**

 **WinPharm**

Working with pharmacy for a healthier future

Each 5ml of Franolyn Expect contains Theophylline BP (Anhydrous) 60mg, Guaiphenesin BPC 25mg, Ephedrine BP 4.75mg. "Franolyn" is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH

POS material available for Vick's inhalers



COUGHS AND COLDS

...no room for complacency

Continued from p859

display the showcard will receive an entry into a "go-for-gold" competition.

Mention of inhalant capsules leads naturally to a product designed to enhance their benefits — the Pifco nasal inhaler. This electrical device is said to maintain the temperature at the correct level throughout treatment and can be used both for nasal inhalation or oral inhalation, using a removable mouthpiece. In a similar mould is the Wright's vaporiser, manufactured by LRC Products, which comes with its own special vaporising fluid.

International Laboratories' Mucron catarrh remedy is currently supported by a £½m television campaign running through until March, backed also by £¼m of national Press advertising.

Leader by a length among the nasal sprays is said to be Vicks Sinex which, launched into a static market in 1972, doubled total sales and took a 47 per cent share in its first year — a share now standing at a claimed 51 per cent. Apart from the formulation, Sinex's success is attributed to the high level of television support which provides brand awareness among potential users. Further heavyweight television backing is promised nationally for this season.

Mentholatum's Press advertising, appearing throughout the autumn and winter, emphasises the product's natural ingredients of methol, eucalyptus and pine. Media chosen are *Daily Express*, *Daily Mail*, *Sunday Express*, *Sunday*



Bless you, Mrs Jones, you're going to be good for business

People, Sunday Post, Weekly News, My Weekly, People's Friend and Woman's Weekly.

Vitamin preparations are a natural adjunct to the winter remedies markets and among the multivitamin brands available, Sanatogen claim a 48 per cent share of the £32m sales. Vitamins are seen as "health insurance", so it perhaps is not surprising that Fisons Pharmaceuticals have identified cold and flu sufferers as a significant proportion of their target market for the new Sanatogen liquid tonic. Advertising support for Sanatogen will total over £1m this year, according to Fisons, with the current "jack-in-the-box" television commercial now completing its autumn run. Fisons add that the number of vitamin "users" is increasing year on year, with an estimated 23 per cent of the adult population currently identified as "users" by independent research.

But there is a sting in the tail — Fisons say that while chemists are still predominantly a chemist brand by tradition, grocery sales are assuming a

larger proportion of the business "and will continue to do so during 1982-83". Pharmacists are advised to maintain displays to capitalise on impulse purchases, which are greatest at this time of the year.

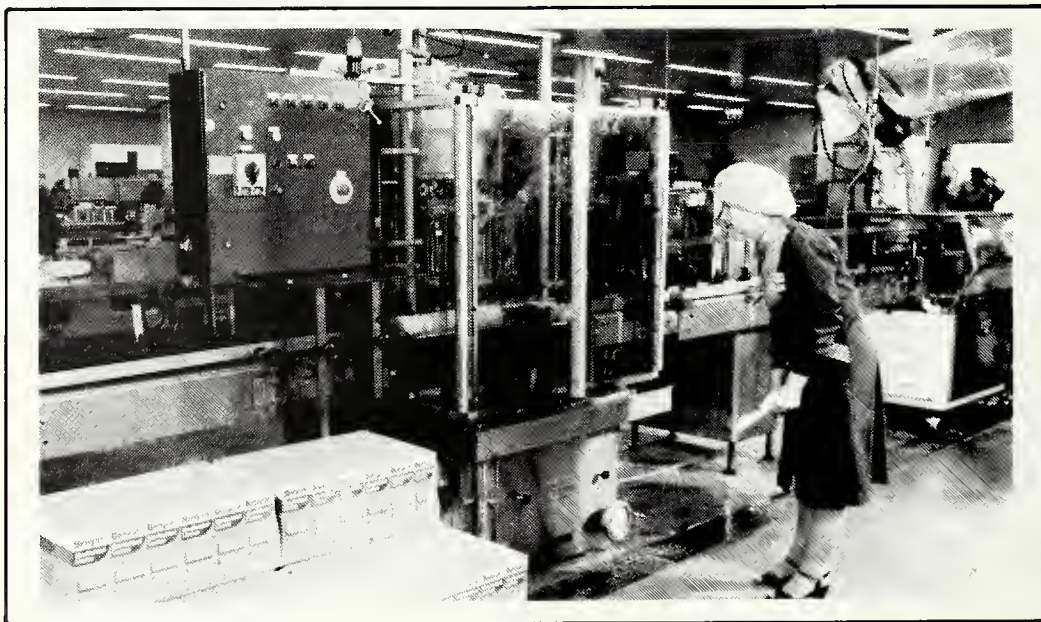
That should perhaps be a warning to chemists not to be complacent about the coughs and colds business they hold. From the industry responses for this *C&D* market survey it is evident that manufacturers prefer the image their products receive through the pharmacy — but they are prepared to go elsewhere if the support is not forthcoming.

Which takes us back to the message in the opening article in this feature, on pharmacist recommendation: "Be seen to be seen". If the customer can be persuaded of the benefits of seeking professional advice, manufacturers will be persuaded that they have no alternative but to support the pharmacist. ■

Tonics: very much a chemist's traditional line — but for how long if they are not supported?



Benylin metholated comes off the line — but who will win the sales battle?





VICKS

THE RANGE TO SEE YOU CLEAR THROUGH THE WINTER.

Vicks cold remedies will be supported strongly this winter with powerful new TV campaigns. Leading the sales drive will be new formula Vicks Expectorant Cough Syrup and Sinex.

Vicks Expectorant Cough Syrup has been repackaged and reformulated to provide the most effective relief from chesty coughs available in an OTC cough medicine. A heavy-weight campaign will run throughout the winter.

Vicks Sinex, the brand leader in nasal sprays, will obviously be in great demand this winter. But with a big increase in advertising spend, you'll have to keep stocks high to make sure of even greater Sinex profits this year.

With increased national advertising weight, brand new commercials and exciting products, the Vicks range will once again be the clear winner in cough and cold medicines.

NEW

**IMPORTANT NEW PRODUCT INFORMATION
FOR THE PHARMACIST**

METOSYN

Fluocinonide 0.05% w/v

Trademark

Scalp Lotion

The 'Metosyn' range of products now consists of FAPG Cream, Ointment and **new Scalp Lotion**.

Presentation of 'Metosyn' Scalp Lotion

30ml glass bottle in a carton together with a special "squeeze" applicator at a basic N.H.S. Price (Trade) of £2.30.

N.B. Please dispense in original carton which has instructions for the patient.



'Metosyn' is a Trademark

Full prescribing information is available on request to the Company.



Stuart Pharmaceuticals Ltd

Carr House, Carrs Road, Cheadle, Cheshire SK8 2EG



Generic prescribing not the way to cut drugs bill

Over 100 delegates attended the Institute of Pharmacy Management conference in Malta last week, during which a new branch of the Institute was inaugurated. The conference was opened by Dr V. Moran, Maltese health minister, and 13 papers on the pharmacist's role were presented. The Department of Health's view on generic prescribing was spelt out by Dr B. Wills, chief pharmacist at the DHSS, at the last of the sessions.

Generic prescribing is a problem that is always with us, he said. "It is difficult to speak objectively on the subject of the equivalence of different formulations of generic preparations," he said, the main problem being the extent to which differences in clinical effects are likely to occur. These are well known for digoxin, but are there many unsuspected candidates yet to emerge, he asked. Most instances of inequivalence have involved drugs known for many years, but problems might be expected with "pirated" formulations of dubious origin, or with drugs recently freed from patent.

When a manufacturer seeks a product licence for a generic he is expected to provide evidence of equivalence with the established product. *In vivo* data may be required but assessment of clinical equivalence has not been suggested, Dr Wills explained. Such assessments are difficult, costly and subject to considerable error. The equivalence problem has been met in setting standards for the British Pharmacopoeia. "The compliance of a particular tablet with BP requirements does not offer a guarantee of equivalence when one brand or formulation is substituted for another."

In UK hospitals substitution of supply is the rule, provided the product satisfies the quality control service. "Any extension of the substitution policy to community services would be severely hampered by the lack of quality control arrangements that are available to community pharmacists," said Dr Wills. It might be thought that licensing requirements would prevent differences between suppliers, he said, but an increasing volume of generic supplies are coming from overseas, and producers often list one or more sources of overseas supply in addition to the UK. The Medicines Act has no provision to licence overseas manufacturers and the ability of inspectors to visit foreign suppliers is severely limited.



Dr B. Wills (left), chief pharmacist of the DHSS pharmaceutical division, and Mr M. Hanssen (right), president of the HFMA

Estimates of savings to be made by generic substitution vary, Dr Wills said, from the ABPI estimate of £25m a year to over £50m — about 0.5 per cent of the NHS budget at best. "If generic substitution were to be introduced, the delicate balance negotiated between the NHS and the pharmaceutical industry would be disturbed," said Dr Wills, "The effects on the viability of the industry and the 70,000 people employed in it are not pleasant to contemplate."

But is a generic substitution policy the best means of curbing drugs costs? Dr Wills thinks not. "One is forced to the conclusion that the only way to contain medicine costs in the community health service would be to concentrate attention on wise and unwasteful (as distinct from cheap) prescribing."

Dr Wills concluded with a warning: "Most opinions are that economies achieved through wisdom and abandonment of waste would far outweigh the economies of generic substitution. The educational, persuasive, informational and factual approaches to prescribers, to pharmacists and to the public are painful, slow and often depressing, and the time available may be short if the family practitioner services are to remain free of restrictions."

Health foods — a growing market

Specialised health food stores are losing trade to the chemist, but the market is open for expansion and by no means saturated.

To support his optimism, Mr M. Hanssen, of the Health Food Manufacturers Association, told the conference that sales through specialist health food stores have grown by 8 per cent per annum in real terms ahead of inflation since 1973. He also pointed to the rising number of such stores, from 750 in 1972 to 1,050 in 1981.

Mr Hanssen indicated there must be at least 2,000 pharmacies dealing with health products. Health foods had a turnover of £23m in specialist stores in 1981 and supplements and remedies (ginseng, vitamins etc) £87.5m.

In the UK there is about one health food store for every 53,000 people — most EEC countries have twice that number, Mr Hanssen said. He also drew attention to the increasing sterling share of the vitamin and mineral market. In the US about 40 per cent of the population regularly take vitamin supplements, compared to perhaps 5 per cent in the UK. The type of people interested in health products are young and married, said Mr Hanssen. A readership profile of *Here's Health* magazine this year showed that 31 per cent of readers were aged 25-34 and 24 per cent were aged 35-44 — 41 per cent fell into social class C1.

Speaking later in the morning on "The expansion of the health food market through credibility — not con-tricks," Mr Hanssen said: "There is scientific basis behind some of the products being sold." However he stressed that any claims for "medical properties" were made by the media and not the manufacturers.

People will turn away from their doctor "to seek the miraculous," unless there is a caring chemist, but too often he entrusts the customer to the assistant. As an aside on the NPA advertising campaign Mr Hanssen said: "Before you do an advertising campaign it is very sensible to make sure the product is exactly what you are advertising, and the one credibility gap I find in the NPA's admirable idea is what will people find when they get there?"

"The health food trade has not tended to stick its neck out," said Mr Hanssen, "but many of the things we do will become part of established medicine in

Continued overleaf

Pharmacy education needs new emphasis for new needs

Pharmacy must constantly relate to a changing health care system, and a successful means of coping with change is through intervention in the educational realm.



But pharmaceutical education in many schools "largely prepares pharmacists for yesterday's practice, not for today's, and certainly not for tomorrow's," said Professor Albert

Wertheimer, director of graduate studies in social and administrative pharmacy at the University of Minnesota.

Speaking at the opening session of the conference he urged modification of pharmacy curricula and talked of some innovations that are being made or considered. Pre-fabricated dosage forms, the inroads of chain pharmacy, massive government intervention, and the development of health centres have been challenges to the profession. Often these evolving trends are missed or ignored, he said.

The need to train students in communication skills has been recognised though, and courses emphasising these skills are common in US colleges of pharmacy. (A 1979 survey by the American Association of Colleges of Pharmacy found that 48 of the 61 schools which responded were offering formal classroom instruction in the subject.)

But he went on to suggest that pharmacy attracts a particular type of character, perhaps not best suited for patient counselling. "Does the profession attract unaggressive individuals or does the pharmacy curriculum condition young men and women to be passive? There is evidence that pharmacy attracts a selective personality type. Many of today's pharmacy students do not have personality traits best suited for clinical practice, and many practitioners are

uncomfortable with direct patient contact and interaction with other health professionals."

With the changing role of the profession in the health care system "a focussing on the ethical dimensions of the pharmacist's position and on the ethical education of the pharmacist" was also called for, Professor Wertheimer maintained.

Since a profession's role is directed by its ethics, pharmacy education in ethics must change to prepare students for new responsibilities. "A lack of concern for ethical issues is mirrored in the lack of attention given to the ethics education provided by schools and colleges. It reflects the fact that ethics education has consisted primarily of the indoctrination of students in the prevailing attitudes of our faculties and leaders of the profession." It is time for ethics education to be upgraded and improved, Professor Wertheimer urged.

Other areas where innovations in pharmacy education could be made can be categorised under the headings of research skills, management science, clinical practice, social science and health care delivery organisations, he said. "The pharmacist, who is often at the side of the patient, or in close contact, has an excellent opportunity to observe drug reactions and other therapy-related events."

Management skills are essential, the speaker maintained. "There is little point in opening a practice only to be forced to close because of insufficient revenue. Effective management and profit are not dirty words. It is not unprofessional for the pharmacist's education to include discussions of current management techniques, such as budgeting and staff management. Most other retailers use these techniques — why can we not do the same!"

Nor does the pharmacist work in isolation, Professor Wertheimer continued, criticising the lack of

course, and around 800 pharmacies have specially-trained assistants (health stores, cannot, in fact, obtain stock unless staff are trained by the trade's residential school). "The pharmacist is catching on to health foods without the knowledge to do it as well as he might," he suggested.

Mr Hanssen finished his talk with a review of health products that have been in the news in recent years. Selenium and ginseng, starch blockers and evening primrose oil, green-lipped mussel, spirulina and pollen were all mentioned, with details of current research programmes into their various benefits.



Miss Doris Farrugia receiving her certificate from Prof D. Norton, president of the Institute, at a reception to inaugurate the Malta branch, with Dr I. Jones (right) reading the citation

knowledge of health care organisations. "There is a lack of education in how decisions are made and changes implemented in the National Health Service," he said. "Students must be schooled in the institutions that are involved in their work."

Professor Wertheimer then dealt with what he called "behavioural pharmacy", which he described as "concerned with the development of behavioural science knowledge and techniques relevant to the understanding of drug use, drug effects, drug selection and prescribing, therapy adjuncts and alternatives to drug therapies, the professional behaviour and well-being of pharmacy practitioners, and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation." Empirical findings and theories from the behavioural and social sciences are taught, and their applications to pharmacy addressed.

During discussion Mr S. Durham said that the basic principles of a relationship with members of the community should remain. Professor Wertheimer replied that often people never meet the pharmacist, as the counter assistant intervenes. In the US, pharmacy and medical students started studying common subjects together about 20 years ago, and this has led to a much more wholesome relationship between the professions, he added.

Professor D. A. Norton, Institute president, said he considered that the academic content of the pharmacy course should have a considerable amount of intellectual challenge, and asked whether pharmacy education was on the right lines. Should it concentrate on the academic approach or the practical, he asked. Professor Wertheimer replied: "The problem is a vehement refusal to change anything. I cannot recall in my life after qualifying ever being asked to explain a benzene ring or carry out a chemical analysis. Less than 1 per cent of all prescriptions today are compounded by the pharmacist. Why continue to devote such an enormous percentage of the curriculum to subjects which are not used, when people could be more educated in the global sense." About half of the American States now require pharmacists to undertake 25-30 hours of post-graduate study a year, Professor Wertheimer said to a further question.

Health foods trade

Concluded from p863

due course." Micronutrients, such as chromium, could be a very interesting area of study, he suggested. Relationships with the medical profession were improving. "Doctors and nutritionists know that medicines have not got the answer any more than health foods. One complements the other."

Consumer information is important, and products should be provided with details of their health benefits, said Mr Hanssen. In Germany health food store managers attend a full-time training

Two pharmacists to be struck off

A Soho pharmacist who admitted selling without prescription a drug open to abuse as a sex stimulant to "a prominent person" living in the Albany was ordered to be struck off the Register of Pharmaceutical Chemists last week.

Mr Ralph Cass, who told the Pharmaceutical Society's Statutory Committee that he could not disclose the name of his well-known customer, also admitted supplying show business personalities with slimming tablets over and above the amounts prescribed. Mr Cass, of Wentworth Park, Finchley, has been running his gift shop and pharmacy in Lower John Street, Soho, for 24 years. But his company, Cass Cash Chemists, was disqualified from running a pharmacy business, and his pharmacy was also removed from the Register.

Potential hazard

The Society complained that his pharmacy was a potential hazard to the public, and that he was bringing his profession into disrepute. It alleged that pharmacy stock was out of date, that there was risk that medicinal products which had deteriorated being sold or dispensed, and that conditions were such that there was considerable risk of contamination of medicinal products.

Investigations between September 1981 and June 1982 disclosed that Mr Cass bought 2,800 Tenuate Dospan, 1,500 Apisate tablets, and 552 amyl nitrite vitellae, and that only 210 Tenuate Dospan could be accounted for as having been supplied on prescription. Mr Josselyn Hill, for the Society, said that Amyl nitrite had an unethical use as a stimulant during sexual intercourse.

Mr George Norris, a Society's inspector, said that when questioned Mr Cass said he had not been profiteering and added: "I have dispensed a lot of Apisate in the last few months. To be truthful I've been in a dream."

Mr Norris said that in a basement store

he found the shelves dirty and dusty, and crammed full with a jumble of old drugs, old souvenirs and old perfumes. An earthenware sink in one corner of the stock room was filthy. A dirty mortar was standing in the sink. The draining board was also filthy. There was a jumble of boxes and dirty rags underneath the sink. The toilet had no door and the toilet area was also filthy. There were no hand washing facilities — Mr Cass's assistant used the facilities at the nearby Regent Palace Hotel.

Mr Cass said in evidence that he had not the facilities for dispensing medicines like penicillin, but he could dispense ordinary tablets acquired from wholesalers. When customers wanted antibiotics he sent them to Boots. There were now no out-of-date medicines in his shop, and he had spent a number of weekends cleaning it up.

He agreed that he had given tablets to certain people who did not have prescriptions to cover the excess, although they had the original prescriptions. Amyl nitrite had been sold to only two customers — one of them a doctor and the other a prominent person in the Albany whose name he could not mention.

Committee chairman Sir Carl Aarvold said that Mr Cass had made a final despairing effort to clean up his premises "but the photographs of it would make anyone shudder." Mr Cass has three months in which to appeal.

Resigning from Society

Blackpool pharmacist Mr Gordon Barker was also ordered to be struck off the Register. But Mr Barker, 65, of Chapel Street, told the Committee that he was resigning from the Society and applying for his shop to be removed from the Register of Premises.

Mr Barker's case came before the Committee following his prosecution 12 months ago at Blackpool magistrates court for offering goods for sale without

lawful authority and unlawfully using the title "chemist" in connection with the retail sale of goods.

Mr Josselyn Hill, for the Society, said the prosecution resulted from three visits in June last year to Mr Barker's pharmacy by one of the Society's inspectors who found the pharmacy open for business but with no pharmacist present. The chemists sign was displayed and pharmacy medicines were on sale. The one chosen for the prosecution was a POM diarrhoea mixture.

Contract cancelled

The inspector, Mr Henry Littler, told the Committee that Mr Barker cancelled his NHS contract in 1973 and prescriptions had not been dispensed from the premises since, with the possible exception of a few private prescriptions. He saw many Pharmacy medicines exposed for sale in drawers and on shelves behind the shop counter.

Mr Barker told him he was unaware that sales of new Pharmacy medicines required supervision in the same way as those on the old Part 1 Poisons List. He owned another business which he had to visit from time to time and thought it impracticable in the circumstances to comply with the personal control requirement.

Mr Littler said that Mr Barker used to have several pharmacies but the Chapel Street shop was only one left and this closed during the Winter. The shop was basically a general stores selling fancy goods to holidaymakers in the season.

Mr Barker did not attend the hearing but wrote to the Committee saying that his pharmacy would be a loss to the neighbourhood. He did not deliberately flout the law and the public were not put at any risk. The Society was making a mountain out of a mole hill.

The Committee's chairman, Sir Carl Aarvold, said they were satisfied that Mr Barker's status and occupation as a pharmacist was really only as a sideline.

Mr Barker has three months to appeal against the direction but Sir Carl said that it seemed that he would be quite happy to have his name removed.

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Government support but no Bill to alter shop laws

Campaigners in the fight to allow shops to trade on Sunday have been told by the Prime Minister that the Government does not intend to introduce its own Bill to change the law.

In a letter to Conservative back-bencher Baroness Trumpington, one of the campaign leaders, Mrs Thatcher said it would be wrong for the Government to take the initiative in view of opposition from religious groups and the trade unions. She did, however, give personal blessing to a private members Bill being introduced in the next session. Without Government help, however, it stands virtually no chance of reaching the statute book.

Baroness Trumpington managed to steer a private Bill through the Lords which got overwhelming support from Cabinet Ministers in the last session, but it was killed in the Commons by Labour MPs backing USDAW, the shop workers' union, which objects to longer working hours. Last week the Prime Minister told MPs in a Commons written answer that the laws were out-dated and needed changing.

B&Q stores which introduced a seven-day week trading policy last April, was, however, banned in the High Court last week from opening two West Midlands stores over the next two Sundays.

Mr Justice Nourse granted Dudley Metropolitan Borough Council temporary injunctions to stop Sunday opening of the company's stores at Long Lane, Halesowen, and at Trindle Road, Dudley.

The orders were made effective until November 11, to allow B&Q time to prepare their evidence.

The local authority had alleged breaches of the Sunday trading provisions of the Shops Act 1950. Mr Nicholas Davidson, for the company, opposed any injunctions being granted on the grounds that the local authority could only institute civil proceedings in its own name where this was expedient to "protect or promote" the interests of the inhabitants in its area (under section 222 of the Local Government Act). He argued that there was no evidence of harm to the inhabitants in the present case.

But the judge said that on the present evidence it was not possible to conclude that the local authority had not duly exercised its discretion. He also rejected the argument that the local authority had delayed too long in bringing the case. Proceedings had already been taken in the magistrates' court and convictions obtained.

□ A MORI poll conducted for the National Consumer Council this week shows 69 per cent of people now think the trading laws should be changed to allow shops to open in the evening and on Sundays. Those most in favour of longer shop opening hours are aged 15-54, three quarters of whom think the law should be changed. Only about half of the over-65s want the law altered. The poll was announced at a seminar organised by the Retail Consortium in Leicester on Wednesday. Full report next week.

Third World helped

European pharmaceutical companies have made a significant contribution to employment and production of pharmaceuticals in the developing world, according to Professor George Teeling-Smith director of the Office of Health Economics. Eighteen of the major research-based pharmaceutical companies in Europe employ more than 83,000 people in the developing countries, according to a recent OHE report. More than half of these are said to work on production or quality control.

Spending on research by the companies is estimated at \$100m between 1977 and 1980. Training expenditure is put at \$12m between 1979 and 1980. Written by Dr Arnold Worlock of the Wellcome Foundation, the paper also gives details of ways in which the

European pharmaceutical industry has aided the transfer of technology to the Third World. *Pharmaceuticals in developing countries*. A. Worlock (£0.50) available from *Office of Health Economics*, 12 Whitehall, London SW1.

S&N to get safety award from BSC

T. J. Smith & Nephew Ltd have won one of 25 "Swords of honour" presented by the British Safety Council to the safest companies in Britain.

BSC say the significance of a sword to mark the award is to symbolise the cutting of industrial losses and waste — an often unrecognised benefit of accident prevention. Mr Bruce Rutter, works director at the Hull factory, will receive the award on behalf of the company from Mr Enoch Powell MP.

Demand for Glaxo products rising

Worldwide demand for Glaxo's principal products has been "encouraging and rising" in the past financial year, says company chairman Sir Austin Bide in his annual statement. The group recorded sales up 22 per cent to £865.81m in the year to June 30, with pre-tax profits up 53 per cent at £113.64m (*C&D*, October 16, p717).

Within the Group's pharmaceutical operations, Glaxo Operations UK Ltd has now become a subsidiary of newly-formed Glaxo Pharmaceuticals Ltd, itself a first-line subsidiary of the parent group. Glaxo Pharmaceuticals will now be responsible for UK ethical pharmaceutical sales. UK pharmaceutical manufacture now becomes the responsibility of Glaxochem Ltd. Glaxochem will also co-ordinate worldwide production requirements, and bulk sales conducted through Sefton Bulk Pharmaceuticals Ltd.

Within ethical pharmaceuticals, UK sales of Zantac are said to have already substantially exceeded expectation, making Zantac Glaxo's third largest selling product in the UK.

Evans Medical Ltd, which handles the group's generic and standard drug business, has had a mixed year. Sales and profits rose markedly at home, but overseas performance was disappointing. Overall, however, the company increased its trading profit.

Farley Health Products slightly improved both sales and profits in the UK. Despite a declining birth rate, volume sales of Ostermilks, Farex and Farley rusks were maintained. Complan responded well to a new marketing approach, while Vitaplus and Lessen are said to have "made some progress."

Research and development spending for the group currently stands at some £53m. An increase of about 10 per cent is anticipated over the next few years.

Chemicals cushion ICI profits fall

Despite a sales increase of 15 per cent, ICI's profit before tax for the first nine months of 1982 dropped to £203m — a decline of £18m compared to the same period last year. Sales in the past three months fell to £58m from the previous quarter's £86m. Total sales for the nine months reached £5,451m (£4,750m), of which £4,803m (£4,182m) was contributed by chemicals. UK chemical sales amounted to £1,523m (£1,406m).

Sales volume in the chemicals division increased by 3 per cent, the remaining 12 per cent being attributed to currency and price movements. The group's worldwide business in pharmaceuticals, agriculture and general chemicals has continued to do well, but their performance has not been

enough to compensate for the £100m loss sustained in petrochemicals and plastics. In 1981 these activities showed a full year loss of £54m. "Overall there is no sign of an improvement in trading conditions with continuing overcapacity and weak prices in world chemical markets", says the company.

CTPA concern over volume of EEC law

Cosmetic industry representatives expressed concern this week over the volume and practical application of EEC legislation coming out of Brussels. Delegates at a "Packaging and labelling pitfalls" seminar of the Cosmetic Toiletry and Perfumery Association were questioning Mr J.R. Rathbone MP (Parliamentary Private Secretary to the Minister for Consumer Affairs, Dr Gerard Vaughan) who said the government wished to allow manufacturers as much freedom as possible, encouraging competition rather than State control. He also commented that the UK has a peculiar mixture of voluntary and compulsory regulations, in respect of marketing practices, which work very well.

Replying to questions Mr Rathbone said that problems with EEC legislation would decrease as Britain became better at influencing EEC decisions. He also gave advice on self-policing methods which, he said, should be "visibly effective" to provide public confidence in company methods of regulation. This would show other EEC members that such a method is acceptable, perhaps reducing the need for more legislation.

APPOINTMENTS

■ **Farley Health Products Ltd:** Mr Ian Wayne Williams, MPS, is appointed company pharmacist. He was most recently head of pharmaceutical development at Miles Laboratories in Bridgend. After gaining a degree in pharmacy at Cardiff, Mr Williams spent two years in Allen & Hanbury's research department and one year in retail pharmacy at Kings Lynn before moving to Bridgend. He is currently studying for a master of pharmacy degree from the University of Wales.

Mr Colin Jones is appointed to the new position of export marketing manager. Since joining the company six years ago as a product manager for infant milks, Mr Jones has held senior appointments in UK commercial directorate.

■ **LRC Products Ltd:** Andrew Slater is appointed marketing controller for the company's contraceptive division, where

he will take responsibility for the Durex range. Mr Slater has previously held positions with Nicholas Laboratories, Callard & Bowser and Raleigh Industries.

■ **Johnson & Johnson International:** Mr J.D. McIntyre has been appointed vice-president with responsibility for Ortho-Cilag UK and the Cilag companies of Belgium, France and Scandinavia.

■ **Gillette UK Ltd:** Roger Crudginton, previously marketing manager for the personal care division, has been appointed marketing director of Gillette's UK operation. He succeeds Chris Deering who is to be director of strategic business plans at the company's headquarters in Boston, USA. Mr Crudginton joined Gillette as a salesman in 1966 and had held every job at every level within the company's sales and marketing operation before being appointed marketing manager of the personal care division in 1979.

COMING EVENTS

Monday, November 8

Southampton Branch, Pharmaceutical Society, Conference Room, Guild Hall, Southampton, at 7.30 pm. Wine tasting and talk by Mr David Burns. Joint meeting with Southampton BDA.

Tuesday, November 9

Lanarkshire Branch, Pharmaceutical Society, Ravenscraig Suite, Garrion Hotel, Motherwell, at 8 pm. Dr E. S. B. Wilson, planning services, GGH on "Modern aspects of family planning".

Southend Branch, Pharmaceutical Society, The Old Vienna Roadhouse, Leigh-on-Sea, at 7.30 pm. Wine, dine and dance — Austrian style.

Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Royal Infirmary, Leicester, at 8 pm. Dr John Glasby on "This little drug went to market".

South East Metropolitan Branch, Pharmaceutical Society, The Lewisham medical centre, Lewisham Hospital, High Street, London SE13, at 8 pm. Miss Kate Start, Evelina Children's Department, Guy's Hospital, on "Paediatric diets".

Northumbrian Branch, Pharmaceutical Society, Bernard Room, Imperial Hotel, Jesmond Road, Newcastle, at 7.30 pm. Major D. F. Howard, director of engineering, Tyne and Wear PTE, on "The Tyneside metro".

Wednesday, November 10

Barnet Branch, Pharmaceutical Society, Barnet General Hospital, Postgraduate medical centre, at 7.15 pm. Joint meeting with BMA. Professor Paul Turner on "Generic prescribing — when is it clinically significant?".

Worthing and West Sussex, National Pharmaceutical Association, Postgraduate medical centre, Homefield Road, Worthing, at 8 pm. Mr W. A. G. Kneale on "Community pharmacy in Europe".

Isle of Wight Branch, Pharmaceutical Society, Postgraduate medical centre, St Mary's Hospital, Newport, at 8 pm. Mr D. G. Higgins on "The role of the pharmacist in cardio-vascular drug therapy".

West Metropolitan Branch, Pharmaceutical Society, Great Western Royal Hotel, Praed Street, London W2, at 7.30 pm. Mr L. Priest, past chairman, NPA, on "Surely it can't happen to me!" Joint meeting with NPA/WPA.

Hull Pharmacists Association, Bali Hai, George Street, at 9 pm. Annual disco.

Agricultural and Veterinary Pharmacists Group, Pharmaceutical Society of Northern Ireland, Society lecture hall, 73 University Street, Belfast BT7, at 8 pm. Dr S. M. Taylor on "Correct use of anthelmintic drugs in cattle and sheep".

Thursday, November 11

Harrogate Branch, Pharmaceutical Society, West Park Hotel, Harrogate, at 7.30 pm. Dr Vernon Sykes on "The uses of hypnotherapy".

West Dorset Branch, Pharmaceutical Society, Judge Jefferies Restaurant, 4 High West Street, Dorchester, at 7.30 pm. Annual meeting, followed by Mr Bill Rucker, director of Unichem, on "Services from wholesalers".

Bristol Branch, Pharmaceutical Society, Southmead Hospital Postgraduate medical centre, at 8 pm. Dr Ian Capstick, medical director, St Peter's Hospice, Bristol, on "Terminal care".

Hounslow Branch, Pharmaceutical Society, Lecture Theatre, West Middlesex Hospital, Twickenham Road, Isleworth, at 7.45 pm. Dr P. J. Houghton, Department of Pharmacy, Chelsea College, on "Americans are unfit to eat — what is being done about it?"

MARKET NEWS

All is not gloom!

London, November 2: Against a pattern set by recent gloomy reports on the country's manufacturing industry, the market for essential oils and spices is reasonably buoyant. Dealers are confident that they are getting a fair share of the available business although they would naturally welcome more. The majority are believed to be opposed to a policy promoted by the Confederation of British Industry to lower the value of sterling against the German Mark and French Franc by cutting interest rates further. It is pointed out that these countries could take the same action to make their own exports cheaper and a vicious circle would be started with the UK paying more for imports and receiving no benefits for their exports.

Among pharmaceutical chemicals, physostigmine is dearer by £0.22-£0.37/kg according to salt and chloral hydrate by £0.30 kg. Citric acid has risen by about £50 metric ton and citrates by a similar amount. After a pause in the previous week, spice quotations are up again.

Among botanicals cherry bark, henbane, liquorice root and sarsaparilla are dearer.

In essential oils cedarwood is again being quoted by China. Noticeably more active during the week was Brazilian peppermint with forward business being written as far ahead as 1984. Petitgrain is again easier. Spanish olive oil is dearer although oil from EEC producing areas is lower.

Crude drugs

Cardamoms: AGN £7 kg, cif.

Cherry bark: No spot; £1,590 metric ton, cif.

Chillies: Chinese Fu-kien rice grade £2,200 metric ton; powder £1,050 per metric ton spot.

Cloves: Madagascar £6,500 metric ton spot £6,200, cif.

Gentian root: No spot; £2,650 metric ton, cif.

Ginger: Cochin £1,000 metric ton spot and cif. Jamaican No.3 £1,950, cif. Nigerian split £525 spot; Indonesian £525 spot.

Henbane: Niger £1,550; metric ton spot; £1,595, cif.

Ipecacuanha: Costa Rican £55 kg, cif.

Liquorice: Root, £655 metric ton spot; £665 metric ton, cif. Block juice £1,400 metric ton spot; spray-dried powder £1,900.

Menthol: (kg) Brazilian £6.85 spot; £6.65, cif. Chinese £6.30 spot; £6.35, cif.

Pepper: (metric ton) Sarawak black £920 spot, \$1,275, cif; white £1,400 spot; \$1,650, cif.

Pimento: Jamaican £1,375 metric ton spot; £1,350, cif.

Seeds: (metric ton, cif). **Anise:** China star £2,300. **Celery:** Indian £800. **Coriander:** Moroccan £340. **Cumin:** Indian £1,300. **Fennel:** Chinese £900. **Fenugreek:** Turkish £260; Indian £325.

Valerian: European £6,990 metric ton, cif. Indian, no spot; £2,070, cif.

Essential oils

Bois de rose: £9.50 kg spot and cif.

Cedarwood: Chinese £3.95 kg spot; £3.90, cif.

Cinnamon: Ceylon leaf £3.50 kg spot and cif; bark English-distilled, £155.

Citronella: Ceylon £2.20 kg spot; £2.10, cif. Chinese £3.25 spot; £3, cif.

Nutmeg: East Indian £8.80 kg spot; £8.50, cif, English distilled £15.

Olive: Spanish £1,770 per metric ton in 300-kg drums ex-wharf, EEC origin £1,550.

Peppermint: (kg) Arvensis — Brazilian £7.50 spot; £7.65, cif. Chinese £3.90 spot; £4, cif. American piperata £13.

Petitgrain: Paraguay £6.75 kg spot; £6.25, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

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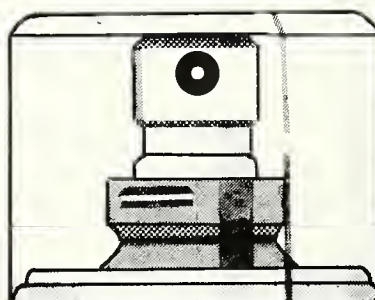
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On their screens and in their homes from November.

- Poly Foam is on the air again, at a time of peak consumer buying.
- Since the January launch date, Poly Foam sales have over-achieved their target by a staggering 50%.
- Already captured over 13% of market, with a brand share of 20% where originally advertised.

- £350,000 TV spend throughout November, with 90% coverage.
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